ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified.

should

AGE

carefully supplied.

See instructions on back of certificate.

Important.

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

Every Item of information should be CAUSE OF DEATH in plain terms, s

B. ż

DEATH in plain terms,

			-		
1	PLA	CE	OF	DE	ATI



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 St		Ward)
 ~	• • • • • • • • • • • • • • • • • • • •	TT GI G

[If death occurred in a hospital or institution, give its NAME instead

3554

2FULL NAME Hohm, H. acker	man of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Mile Single Windle State Windle Windle OR ON ON ONE OR ON	16 DATE OF DEATH  (Month) (Day (Year)
B DATE OF BIRTH THE 1879	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month) (Day (Year)  If LESS than 1 day, hrs.  OR. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment like.	accidental Death fue to being jul by Styles Car
9 BIRTHPLACE (State or councy) Mary and	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) / 1 / Claylon, M. D. Chris, 1914 (Address) Oberley
of MOTHER Trancis Reliner	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Mary acherman	If not at place of death?  Former or  usual residence.
16 Flied Ar 15, 1914, IV. F. Clayton Ficoistran	19 PLACE OF BURIAL OF REMOVAL  Holy Kedelmer Cemeters April 6, 1914  30 UNDERTAKES  Produce Parado Source Pallerton and
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Auaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations ou statement of "Dropsy," "Exhaustion," For VIO-



BINDING

FOR

ESERVED

a

MARGIN

No. vi

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state Very 1 PLACE OF DEATH



(No.

(Year)

min. ?

If LESS tha

1 day,.....hrs

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registered	No.
feld st:	Ward)	[It death occurred is a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIF	ICATE OF DE	ATH
16 DATE OF DEATH	(Month)	(Day) (Year)
17 I HEREBY CERTIF	FY, That I atte	nded deceased from
that I last saw h alive on		, 191
and that death occurred on the d		/e, atm
The CAUSE OF DEATH * was as		
Jul	_	morilea
		smosds
Contributory(Secondary)		PN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Signed)	uratian) yi	rs mos ds
The 2 G 191 4 (Address)		Stuell
*State the Disease Causing I Causes, state (1) Means of In Tal, Suicidal, or Homicidal.	DEATH, or, in de JURY; and (2)	eaths from VIOLENT whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death yrs mos ds Where was disease contracted, If not at place of death?	In the	TTUTIONS, TRANSIENTS
Former or usual residence	VAL DA	TE OF BURIAL
Champ chapel	Cerut ay	pril 28181 4
Dand Candre	u A	Bradela

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomencla-"Contributory." ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of . (name origin; "Can-State cause for Examples: For vio-



N. B.

s should state

1 PLACE OF DEATH	3556
County Ballmuon	



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

Village or City MAH	opeRemen	No. MIStore	
	9 -		
²FULL NAME	Louisa	Arnold	

St.;....Ward)

[it death occurred in a hospital or institution, give its NAME Inslead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	4 COLOR OR RACE  4 COLOR OR RACE  MARRIED, WIDDWED, ORDIVORCED (Write the word)		(Year)
6 D	ATE OF BIRTH WOL KNOWN , 1	17 I HEREBY CERTIFY, That I attended deceas  191 to African  that I last saw h. 22 alive on Afr. 6 4 4	191.4
_	(Month) (Day (Year)  GE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 67 The CAUSE OF DEATH* was as follows:  Malamoholia Ohr-	Pm
(b) bus whi	Orade, protession, or Somestice— ricular kind of work	Contributory Cardiae Taraly Eig Secondary	
RENTS	10 NAME OF FATHER LLOT KNOWN  11 BIRTHPLACE OF FATHER (State or country) WOT KNOWN	(Signed) Trank 7 Lanner 1914 (Address) MA State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether A	, M. D
PA	13 BIRTHPLACE OF MOTHER  WAT KELOWN  13 BIRTHPLACE OF MOTHER (State or country)  WAT KLOWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs mos ds state yrs mos.	NSIENTS
14 T	(Interment) Receives of My Knowledge	Where was disease contracted, B allinor If not at place of death?  Former or usual residence.    B allinor	**************************************
16	(Address). MISTE MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA	A L 191
FII	ed Afr 7th, 1914 Frank & Flawing	20 UNDERTAKER ADDRESS	, , , , , , , , , , , , , , , , , , , ,



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Mcasles (Recommendations on statement of (disease causing death), 29 ds.; For vio-



	RECORD	PHYSICIANS should state to of OCCUPATION IS very
V. S. No. 1.	WRITT PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 3557	STATE OF MARYLAND CERTIFICATE OF DEATH
County 3 alto	Registered No. 37
Village or City Jexas (No	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  Month)  Day  (Year)  17  1 HEREBY CERTIFY, That i, attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h mm alive on Offil 1 191 4
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duretion) yrs. L./2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration) yrsmos. ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) , R , M. D , M. D.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death 2. 9yrs,
(Informant) Class House Recuro	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Sylven Md.  Filed While 2, 191 4 Recurrent MD Deputy PEGISTRAR	20 UNDERTAKER  ADDRESS  A C BY UND  DATE OF BURIAL  ADDRESS  ADDRESS  A C BY UND
if more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers cases, especially in industrial employments, It is necshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaccer" is iess definite; avoid use of "Tumor" for mallg. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples:



So. 02

PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. classifled. 4 IS pluoda UNFADING INK-THIS properly AGE supplied. certificate. carefully 90 WRITE PLAINLY, WITH n terms, s pinous in plain See Instructions Information DEATH ō CAUSE OF Important. œ. ż

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICUL

4 COLOR OR RACE

(Month)

5 SINGLE,

MARRIED,

WIDOWED. (Write the word)

(Day

(Year)

If LESS than

1 day .....hrs.

OR ..... ?

EGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. I death occurred in

ancktes	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH Colors	14, 1914
(Month)  17  I HEREBY GERTIFY, That I a	
that I last saw h Line alive on Office	24, 1914. 24, 1914.
and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	bove, at 12 /2 m
Supreley o Culay	eora a
// //	yrs. mos. 14 ds.
Secondary (Burstian)	yrs mos yds
(Signed) Rufface (Address) hit	, M. O.
*State the DISEASE CAUSING DEATH, or 12 CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
At place In the of death	41
If not at place of death?  Former or  usual residence	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
St Sturishows a	hout 25 , 1915
20 UNDERTAKER	ADDRESS
Int C. Ol.	000

state Very

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work...

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHFLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS THUE TO THE

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in which employed (or employer) .....



[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis") Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BUREAU. V.S.

		state
		should so is
	RECORD	PHYSICIANS of OCCUPATI
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
\ 	INK	led. A
T S L	UNFADING	that it may certificate.
MARGIN	NLY, WITH	in should be lain terms, so
1	WRITE PLAI	Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See Instructions on back of certificate.
V. S. No. 1.		N. B.—Every CAUSE Import

County County 3550	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Carto (No.) 1/4, Co. 2 FULL NAME Mary Mass	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale While (Brite the Mord)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH Murch 14 1914	that I last saw her alive on March 2 1914
(Month) (Pay (Year)  7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work.	Fremature Birth
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration) yrs mos ds.
O 11 BIRTHPLACE	(Signed) V. 13. Cithor M. D.
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Manyana	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Command Comming	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address)//14 Bouldin St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fifth Reformed Cernery apr 4 1914
Filed 73,191 6. M. Ganalia	Girkler + Girkler 32040 Donneel

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

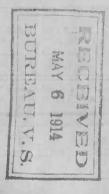


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUCCIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory tetanus) may be stated under the head Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



PLACE OF DEATH 3560	STATE OF MARYLAND
4.7.1	CERTIFICATE OF DEATH
County	Be Badistaged No. 43
(Machley (Sal)	A May Value P Registered No. If death occurred in
Village or City Cosper (No. Xal	Co St; Ward) [If death occurred in a hospital or Institution,
	give its NAME lasfead
Ourse of	f (Larder ef street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR PACE 6 SWALE,	16 DATE OF DEATH MILE 1914
downey Color or pace Strate, Markete, Markete, Markete, Markete, Wisholete, Or Divorces (Write the word)	(Month) (Day) (Year)
(Write the word)	17 / I HEREBY GERTIFY, That I attended deceased from
S DATE OF BIRTH	Mn 195 , to All 1914
7577	that I last saw h alive on hand 17 ,1914
(Month) (Day) (Year)/	1 ap
7 AGE 11 LESS 19an 1 day,/hrs.	and that death occurred on the date stated above, atm,
3 5 yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Tillmonten Jul naudros-
(a) Trade, profession, or	Juliani Jan Julian
particular kind of work.  (b) General nature of industry,	
business, or establishment lu	(Duratieo) yrs. mes. ds.
which amployed (or employer)	Contributory Tulmmung outeroules
(State or country)	(Secondary)
	(Duration) yrs mos s.
FATHER A The M Dandey	(Signed) , M. O.
11 BIRTHPLACE	And 25 1914 (Address) of innillmitting
OF FATHER (State or country) Javul Must	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER P	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER / Lynns / Cutter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
State or country Auce	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
Commed L Juliar	Former or
Bull one 19.0 P	usual residence
(Address) Gelay (C)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Louis of well 191 X
Filed Apr21, 191 4. W. t. Clayton.	20 UNDERTAKER 7 4 ADDRESS
REGISTRAR	Aoph Vunert X 424 Bus
If more bianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health
Association.)

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, elc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid peumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrenal septichacaffection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ..... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples: For VIO-



STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 33
My Cl St; Ward)   [If death or
give Ite NAME
Barney of street and n
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Pay
17 I HEREBY CERTIFY, That I attended decea
Jan 10th 1914, to place 1 922
that I last saw h alive on Ohn 122
and that death occurred on the date stated above, at
The CAUSE OF DEATH + was as follows:
- Juteratinal Mephonts
(Duration) yrs. mos.
Secondary Secondary
(Ouration) yrs mos.
(Signed)
0164128, 19124. (Address) 2 6 4
The state of the s
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAOR RECENT RESIDENTS)
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos.
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ATAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRACE OR RECENT RESIDENTS)  At place In the
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ATAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRADE OF RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, if not at place of death?  Former or
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES. state (1) MEANS OF INJURY; and (2) whether ATAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRACOR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES. state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAGER AND A PROPERTY OF THE STATE OF
*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES. State (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, If not at place of death?  Former or
1

STATE OF MARYLAND

3561

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

who have no oecupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



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	WITH
	PLAINLY,
	WRITE
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PLAGE OF DEATH 3363	STATE OF MARYLAND
County Balta.	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Butter (No	St.; Ward)  [It death occurred I a hospital or institution give its NAME instead of street and number.]
FULL NAME Oaku to arm	revy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thursdo White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw her alive on april 3 , 1914
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4. P. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Perturbase (State or country)	Contributory Sexulation yrs. mos. 4 ds (Secondary)  (Duration) yrs. mos. ds
11 BIRTHPLACE OFFATHER State or country)  12 MAIDEN NAME OF MOTHER Cly a Ontor.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?
(Address) Cockeysialle And	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Bosley M. E. Danetry Apr. (0, 1914)
Filed afril 10, 191 4 Registran  REGISTRAN  If more blanks are needed, address state Regis trar, 6	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at hone, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer; Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise speck material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Taemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can The nature of the death), 29 ds.; Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

### S. No. 1.

	should TON 15
RECORD	HYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
-THIS IS A I	GE should be sta
NFADING INK	efully supplied. A at it may be prortificate.
ILY, WITH UI	-Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
WRITE PLAIN	F DEATH in pil.
	N. B.—Every Ites CAUSE O Important

state

STATE OF MARYLAND
2CERTIFICATE OF DEATH 9 1 PLACE OF DEATH
County Balluice Registration Dist. No.

Ilf death occurred in

2FULL NAME Vergre S. O.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
S DATE OF BIRTH  Jeb  (Month)  (Day  (Year)	that I last saw h alive on
T AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. A mos ds.  Contributory Alle Le La Landon Le Contributor Le Cont
10 NAME OF FATHER PASSURE BEACKS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos 3 ds.  (Signed) (Address) W. Courast  *State the DISEASE CAUSING DEATH, or, in deaths from Violent
13 BIRTHPLACE OF MOTHER (State or country) Med.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs ds. State yrs ds
(Informant) Met William Met	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed April 3, 1914 7, A. REGISTRAR	20 UNDERTAKER  John J. Joadwil 142 World

ore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. additional line is provided for the latter statement; applies to each aud every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefidite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sepile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (uame origin; "Can-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustiou," State cause for Never report



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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3564 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Baltining.	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City St agres Thompital, 2FULL NAME Mrs. Bessie M.	St.; Ward)  [It death occurred in a hospital or iostitution, give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White (Write the word) Married	16 DATE OF DEATH  (Month) (Day (Year)
TAGE  TAGE  TAGE  TAGE  TAGE  ATTERIST OF BIRTH  TAGE  TAGE	that I last saw here alive on the strike 24, 191
3 2 yrs 9 mos 6 ds. 02 min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory act Salpagin
OF FATHER  Trank Rober  11 BIRTHPLACE OF FATHER (State or country)  Mary Land	(Signed) (Signed) (Signed) (Address) (Address) (Signed) (
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place In the ot death yrs. mos. 2 ds. State yrs. mos. de
4 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) MYSIC ANGENE BEALL	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Selay Md:	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAPUL 26, 181
Flied Upris 24 1914 Swall Shrowt REGISTRAR	Fisher & Pheiar Land md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
County Baltimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No..

[It death occurred in a hospital or Institution. give its NAME instead of street and numbar.]

St.:---Ward) mine Carolin Backer

(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
17/4 // I HEREBY CERTIFY, That I attended deceased from
VIII 4191 28 4 16 11 11
that I last saw he alive on april # 195
and that death occurred on the date stated above, at 920 Q m.
The CAUSE OF DEATH* was as follows:
Onzenta Villey
(Duration) / yrs mos ds.
Secondary Clothe Many points
(Signed) (Ouration) yrs mos. ds.
*State the Disease Causing Death, or, in deaths from Violent
CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place in the ot death yrs mos ds. State yrs mos ds
Where was disease contracted,
Former or
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has should he taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., who a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

V. S. No. 1.

### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. that It may be DEATH In plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information should be N. B.—Every Item CAUSE OF Important.

Go:	1 PLACE OF DEATH 3566 CHOUNTY Balto, lage or City Carlor (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Lale Colored Single, Single MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 D/	ATE OF BIRTH (Month) (Day (Year)	17   HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, that I last saw h allys on, 191
TAC		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	GCUPATION Trade, profession, or ticular kind of work  General nature of industry, iness, or establishment in ch employed (or employer)	Fractise of Skull Struck by Bulley wheel Yell B (Duration) yrs mos ds.
9 81	RTHPLACE (State or country) Wilknown	Contributory Secondary  Defation yrs mos ds
	10 NAME OF FATHER UNKNOWN	(Signed) , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
P	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place lo the of deathyrs,mos,ds

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of death yrs	nos ds. State_	yrs, mos	de
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Former or usual residence			

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DATE OF BURIAL

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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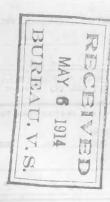


[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



### STATE OF MARYLAND

County Ballo	CERTIFICATE OF DEATH				
Gounty	Registered No.				
Village or City Mighlandland 3218. 2 FULL NAME Rebecca J.	Benkoff  St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Lemale Hute 5 single, Married, wisowes, or bivorces (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from				
DATE OF BIRTH  (Morth)  (Day)  (Year)	Dec 22, 191 4 to April 22, 191 4 that I last saw h en alive on April 22, 191 4				
AGE 65 yrs. 7 mos. 20 ds. ORmin.?	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH* was as follows:				
SOCCUPATION (a) Trade, prefession, or particular kind of work  A  A  A  A  A  A  A  A  A  A  A  A  A	Diabetes Mellitus				
(b) General nature of industry, business, or establishment in which employed (or employer)	Gentributory Lawageer left 97 See				
State or country)	(Secondary) (Duration) yrs mos ds.				
10 NAME OF Clias Walker	(Signed), M. D. Mrl > 3, 1914 (Address) 1008 Pollern Place				
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  A  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL				
of MOTHER Chana Cle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the				
(State of country)  14 THE ABOVE (STRUE TO THE BEST OF MY KNOWLEDGE)	ot death				
(Informant) 12 Janobson	Former or usual residence.  19 PLACE OF BURKAL OR REMOVAL DATE OF BURKAL				
Flied afril 24-, 1814 Wet Me Clausline REGISTRANT	Cak Lawn Sony April 3.5, 1914 20 YNDERTAKER KODRESS 1914 G. Frankler				
If more blanks are needed, address State Registrat & E. Franklin St., Balto., Requesting V. S. No. 1.					



### 3

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.). For persons CAUSING NEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm labores, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum,

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from affection need not be stated unless important. Exvalvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malle injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. The nature of the such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU, V.S.

INK

UNFADING

RECORD

SICIANS should PHYSICIANS ciassified. properly be supplied. may 20 o back terms. hould plain instructions EATH See 10 A item 110 Every item CAUSE OF Important. 0

OF MOTHER (State or country)

Very certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, duic (Month) ORDIVORCED (Write the word) (Day HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h..... allve on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day hrs. The CAUSE OF DEATH \* was as follows: OR ..... mln. ? Was Killed BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, last gast when business, or establishment in which employed (or employer) ..... Contributory SBIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed). 11 BIRTHPLACE (Address) PARENT \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE

OR RECENT RESIDENTS) At place In the

of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. if not at place of death?

usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: been changed or given up on account of the disease of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," -Coal (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Por vio-



PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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PLACE OF DEATH	0011
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### STATE OF MARYLAND

County Bullo	CERTIFICATE OF DEATH			
Village or City Defellendtorne (No. 3302	Registration Dist. No.  Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Fleude White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from			
(Month) (Day) (Year)	that I last saw h for alive on apr. 28, 191 4.			
7 AGE  19 yrs. 1 mos. 29 ds. or min.?	and that death occurred on the date stated above, at 2. 20 P. m. The CAUSE OF DEATH* was as follows:			
e occupation (a) Trade, protession, or particular kind et work  Vonce	Intumacy Inherculai			
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.			
9 BIRTHPLACE (State or country) Bullo Co	Contributory (Secondary) (Deration) yrs mos ds,			
10 NAME OF Shue Bestraus	(Signed) lo. H. Mey or fr., M. D. Ufn. H., 191 K (Address) Voi n. Bakeuras			
No Frather (State or country) Scalto	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENCE TALL, SUICIDAL, OF HOMICIDAL.			
of MOTHER MUNY MURELS  13 BIRTHPLACE OF MOTHER (State or country) Bulto	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds.			
(Informant) Services	Where was disease contracted, If not at place of death? Former or usual residence			
16 File april 29, 1914 W.E. M. Claudlace REGISTRANS	19 PLACE OF BURIAL OR REMOVAL  ALL CARRIED CON DATE OF BURIAL  ALL CARRIED CON DATE OF BURIAL  ALL CARRIED CON DATE OF BURIAL  ADDRESS  Beeld MAD			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicane. inus," "Old Age," "Shock," "Uraemia," "Weakness, cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. mere symptoms or terminal conditions; such as "Are Bronchopncumonia (secondary). 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin oma. Surcoma. etc., of ture of the American Medicai Association.) "Contributory." dent; Revolver wound of haad-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Examples:



PHYSICIANS Shoult of OCCUPATION RECORD PERMANENT cla UNFADING may certificate. 0 back pino instructions 5 DEATH 6 PO Important. CAUSI

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Village or City St.;.....Ward) a hospital or institution, give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 191. WIDOWED. (Month) ORDIVORCED
(Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) .....yrs.\_\_\_mos..... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory ... Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE If not at place of death? usual residence. (Address)..... 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cau-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



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1 PLACE OF DEATH



### STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Mouth (Day (Year) It LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ... yrs. ..... mos. Where was disease contracted. It not at place of death? usual residence OF BURIAL 20 UNDE

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of dcath—Name, first, the disease eausing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertakeu. ctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of Never report septichac-For vio-



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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Village or City Palace Truck  Place of Death 3572  County Baltimore  Village or City Palace Truck  Portale	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 37  Park Heights. St.; Ward)  Roylan  R
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurals 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH CYCL 25, 1914  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h ex alive on aford 25, 1914
7 2 yrs. 0 mos. 13 ds. or. mio.?	and that death occurred on the date stated above, at 2 m,  The CAUSE OF DEATH* was as follows:  Cachekia and Juantion
8 OCCUPATION (a) Frade, prefession, or parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Caramona of this (Secondary)
10 NAME OF FATHER John Yelbert.  11 BIRTHPLACE OF FATHER (State or country) was known	(Signed) Very Local (Buration) Jyrs mos ds.  (Signed) Very Local (Middless) 4840 Back Neight
12 MAIDEN NAME OF MOTHER Carlerine Grines  13 BIRTHPLACE OF MOTHER (State or country) Crenquitonia Ma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   lo the of death yrs mos ds.
(Interment) Lebby & Boylars  (Address) 4819 Pyrk Auglits har	Where was disease contracted, If out at place of death?  Former or usual residence.  19 LACE OF BURIAL OR REMOVAL  Oathedaal Olympater after the contract of t
Filed Util 26, 191 Hury the Maylor	20 UNDERTAKER ADDRESS 9

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baylo., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH

1	ounty Bult Co	CERTIFICATE OF DEATH
Co	unty	Registration Dist. No
Vi	Hage or City Park Neight are (No. 491,2	St.; Ward) [If death occurred in a hospital or institution,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  5 SINGLE, Longle MARRIED, WIDONED, ORDIVONED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That Lattended deceased from
6 D	(Month) (Day) (Year)	april 25 1914 to april 27 1914. that I last saw h 1212 allve on april 27 1914
7 AC	It LESS than t day, hrs. or min.?	and that death occurred on the date stated above, at 2 p. m, The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or ticular kind of work  General nature of industry, ness, or establishment in ch employed (or employer)	Acute parenely matous nefterites  (Ouration) yrs. mos. ds.
9 81	RTHPLACE (ate or country) Ald	Gentributory (Secondary)  Lweeks (Duration) yrs
S	10 NAME OF Peter & Brushley 11 BIRTHPLACE	(Signed) F. albarner M. D. Aful 27, 1914 (Address) 1133 Valley 24
ARENT	OF FATHER (State or country) Wa  12 MAIDEN NAME TO THE TOTAL AND THE TOT	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
<u>а</u>	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	(Interment) Peter II Bradley (Address) 49/2 Paske Heights X	former or usual residence
15 FI	eraphil 30 1914 thury a Nay Cor	Lavin Faler Cous (1) to facelle
71	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



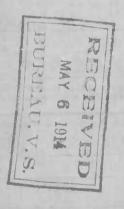


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "TUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage, as "Purerenal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



2	RECORD	PHYSICIANS should state it of OCCUPATION is very
V. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY.—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
80		m'
▶.		z

VIIIage or City Name Margant Porcus	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fem White Stangle, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
12 - 21   870   (Month) (Day) (Year)   7 AGE   If LESS than 1 day	that I last saw httle alive on Cofr 25, 1918, and that death occurred on the date stated above, at 10 am.
occupation (a) Trade, profession, or particular kind of work (b) General cature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER August Schutte  11 BIRTHPLACE	The CAUSE OF DEATH* was as follows:  July ruler Protonil-  Mukumu (Duration) 2 78. 2 mos ds.  Contributory 7 hour time (Secondary) and Multiple 12 mos ds.  (Signed) Orang Multiple 2 mos ds.  (Signed) Orang M. D.  Cafr 25, 191 4 (Address) Jorgin M. D.
OFFATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE  (Informant)  Annual Engli Parkly	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place of death yrs. O mos. S ds. State 43 yrs. 4 mos. ds.  Where was disease contracted, It not at place of death?  Former or usual residence 6/3 Clyton Clause Bullians  19 LACE OF BURIAL OR REMOVAL.  DATE OF BURIAL
(Address)	Immanus Cemetary Spil 28, 191. 4. 20 UNDERTAKER ADDRESS MILLEN 233+ Jefferen 37





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tyberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-



PLACE OF DEATH PHYSICIAMS should state of OCCUPATION is very RECORD \* FULL NAME STATISTICAL PARTICUL PERSONAL AND Exact statement PERMANENT stated EXACTLY. 3 SEX 4 COLOR OR RACE 8 DATE OF BIRTH properly classified. 4 (Month) pe 7 AGE IS pinous THIS 8 OCCUPATION AGE (a) Frade, protession, or particular kind of work... INK carefully supplied. (b) General nature of Industry, may be business, or establishment in UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) so that It 10 NAME OF FATHER ō WITH of information should be OF FATHER (State or country) DEATH in plain terms, See Instructions on back PARENT 12 MAIDEN NAME PLAINLY OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country CAUSE OF Important. 15 1 ż

### STATE OF MARYLAND

altimore	CERTIFICATE OF DEATH
Orlington Rand	Registration Dist. No. 3  Little Shung ave St.; Ward)  [It death occurred to a hospital or Institution, give its NAME lostead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Seft 8 1846 (Month) (Day) (Year)	that I Isst saw halive on, 191,
7 yrs. 6, mos. 25 ds. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
or Laborer	Colnonic Nephrilis
industry, strag Laborer mployer) Lay Laborer	(Duration) yrs mos ds.
" maryland."	Contributory (Secondary)  (Daration) yrs mos s.
Richard Bright	(Signed) Charles a Forter Brown.
CE ER Country) Cengland	*State the DISEASE CAUSING DEATH, or, in Seaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
Detsy Reacock  CCE ER Puntry) Manyland	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the of death yrs. mos. ds. State yrs, mos. ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
52/2 Cennor an	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  THE PLACE OF BURIAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	levelook sortelloul
If more hlanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfui-(a) Spinner, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

by carbolic acid-probably suicide. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 de.; Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



02

### 3 SEX DATE OF BIRTH 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ...

BIRTHPLACE

(State or country)

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

OF FATHER (State or country)

10 NAME OF FATHER

state

SICIANS should

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See instructions

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WRITE

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month

6 SINGLE, MARRIED, WIDOWED,

OR OLVORCEO

21

(Day

1 2 ds

(Year)

If LESS than

1 day hrs.

OR ..... min. ?

4 COLOR OR RACE

St .:...

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	[if death occurred in a hospital or lostitution
	give its NAME Instead of street and number.]

MEDICAL	CERTIFICATE C	F DEATH	
16 DATE OF DEATH	april	2	, 191.4.
	(Month)		(Year)
march 31, 1	GERTIFY, That		
that I last saw hadan al	Ive on	rel	2, 1914
and that death occurred	on the date states	above, at	6 36am
The CAUSE OF DEATH*			
	e Regue	gation	
			********************
······································	(Duration)	yrs.	_mosds
Contributory Occursion	it diletu	tion a	Hear
	(Duration)	yrs	mosds
(Signed) Walke		doep	
Spil 2, 191 7 (	Address) It a	gres C	Hospila
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOME	AUSING DEATH, OF INJURY; a CIDAL.	, in deaths ind (2) whet	from VIOLENT

If not at place of death?	
Former or 108 DA. usuai rosidence 108 DA.	Sarato ga
19 PLACE OF BURIAL OR REMO	VAL DATE OF BURIAL

In the

State .50, yrs. 2

ADDRESS

asaai 1031uciioo	. John Janes	į
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Ilun Calleding	april 3, 191.	

20 UNDERTAKER 302 & north

OR RECENT RESIDENTS)

Where was disease contracted

.... Yrs. ..... mes. ...

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 3576	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Euglowspal Sonatorium 9.	Registration Dist. No. 31
Village or City(No	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Emily B. B.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, wipower, or	16 DATE OF DEATH Africal 24, 1914 (Month) (Day (Year)
G DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
August 5, 1877	that I last saw h 2 alive on 2 4 , 191 4
7 AGE (Year)	and that death occurred on the date stated above, at 1.4 51 m.
36 8 19 1 day,hrs.	The CAUSE OF DEATH* was as follows:
978	Outubus any tuberen loen
(a) Trade, protession, or particular kind of work Douse Release	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrsmosds.
9 BIRTHPLACE (State or country) (Partition of Ohn of	Gontributory Secondary
10 NAME OF MA	(Duration) yrs mos ds.
FATHER JM M Quely	(Signed) / Norther T. Sloave
11 BIRTHPLACE OF FATHER (State or country)	424, 191 (Address) Lawing Rel
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  MANY A BROWN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Phila, Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place In the Styre Mos / 9 de of death yrs. Smos / 9 de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Patient	Former or 3000 W North aug
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A. 95 (1) 4 Post	Foundon Path april: 27, 1914
Filed USA 25 1914. M. J. Volla	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-"Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronie ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for "Exhaustion," For vio-EX-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

1 PLACE OF	// "	My y	1 100	STATE OF MAR' RTIFICATE OF	YLAND DEATH
County Salta	uou a	ting &	ana many	Registeres	1 No. 38
Village or City. Hu	B 0. 7	Yo	nan O	St;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAM	ne prosabil a	racyse	r carag		.,
PERSONAL AI	ND STATISTICAL PARTICULA	ARS U	MEDIC	AL CERTIFICATE OF	DEATH
3 SEX 4 COL	OR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the woi	larried	16 DATE OF DEATH	(Month)	(Day) (Year)
DATE OF BIRTH		· ? / Dz	17 I HERE	BY CERTIFY, That I at	tended deceased from
99007 5003 8 + SV	(Month) (Day)	(Year)	that I last saw h.	alive on Vas dead	when cornered
7 AGE 44	yrs. 10 mos. 19 ds.	If LESS than  1 day,hrs.  ORmin.?	and that death occurre	d on the date stated ab	ove, at 2-45 P, m,
BOCCUPATION (a) Trade, profession, or particular kind of work	1 /	, '>	2 Unshing	entrat War	way to
(b) General nature of industry business, or establishment i which employed (or employer)	71. 20.2		of Redery	Overation)	yrs mos 25 must
9 BIRTHPLACE (State or country)	Many Cant		Contributory (Secondary)	mos by eng	yrs most sillneeds
10 NAME OF FATHER Ru	hart 9. Wac	rill	(Signed) Ray	stn Buer	"
VI BIRTHPLACE OF FATHER (State or country)	Maryland		State the Disman	(Address) CAUSING DEATH, or, in EANS OF INJURY; and	donth- days Wasser
12 MAIDEN NAME OF MOTHER	f. Prosalie 1	Pomer	TAL, BUICIDAL, OF HO	MICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	Maryland		At place of death yrs m Where was disease contracte	in the state	yrs, ds.
Interment) Leve	TO THE BEST OF MY KNOW	LEDGE	If not at place of death? Former or		**************************************
(Address) Ria	lerwood, 211	l,	19 PLACE OF BURIAL		ATE OF BURIAL
Filed 15 19	Dearl Sorty	REGISTRAR	20 YNDERTAKER HIM LENK	in la fu	DDRESS Orchard
If mor	e blanks are needed, address	-	r, 6 E. Franklin St., Balt	o., Requesting V. S. No.	1.





iApproved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons (d

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailsmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



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שאמשות אסי השניאר אושאלאי	PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	rmation should be carefully supplied. ACE should be stated EXACTLY
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DEATH

N. B.—Every Item o CAUSE OF D important. Se

15

WRITE

V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very

RECORD

PLACE OF DEATH	3	5	7	-
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Mores Col

County Balteman



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Calorisvelle (No	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While Single, Married, Williams Drugle ORDIVORCED (Write the word)	16 DATE OF DEATH  Olfsel 9 1 , 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  full 13L, 1861.  (Month) (Day (Year)	that I last saw h & allve on Afficial 9 de , 1914
7 AGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3.15. Pm. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Luriel Zim (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Workington J.C.	Secondary Supposition Congression Mos Loods
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  Barbeter Juch	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. ds. State yrs. mos. ds  Where was disease contracted,

If more blanks are needed, address State Registrar, 6 E. Frankiin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSINO NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: essary to know first liue will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Con-LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned "Contributory." by earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU. V.S.

C	ounty Baltimore 3579	CERTIFICATE OF DEATH
V	illage or City Lightauston (No. 13),	Registration Dist. No.    If death occurred is a hospitat or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVERED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  Afril 13 (Month) (Day) (Year)	that I last saw have allow on Light 4 1914
7 A		and that death occurred on the date stated above, at 11 20 P.m. The CAUSE OF DEATH * was as follows:
(a) pai (b) bus whi	CCUPATION Trade, profession, or rticular kind of work General nature of Industry, mess, or establishment in ch employed (or employer)  IRTHPLACE tate or country)  3	(Buration) 2 yrs mos ds.  Contributory Carefral Thanwordays (Secondary)
S	10 NAME OF AM MOULE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (No. 0) (Signed) (Signed) (No. 0) (Signed) (Signed) (No. 0) (No.
PARENT	(State or country) Hard armstrong  12 MAIDEN NAME OF MOTHER Have armstrong  13 BIRTHPLACE OF MOTHER (State or country) Hordford a mag	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALA INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
	(Informant) Is I S. Highland An	Where was disease contracted, If not at place of death?  Former or  Usual residence  19 Place of Busial or Remoyal Day's of Burial
15 FA	RECIPCION	Malls County Me 7, 191 %.  20 UNDERVAKER ADDRESS  VY M Birán
(	ir more blanks are needed, address State Registra	F. & E. Franklin St., Balto., Requesting V. S. No. 1.



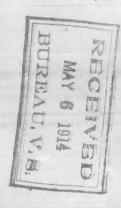


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Labore" "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

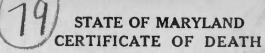
mia," "PDERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For VIO-



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No.
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202

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	3580
y Baltimore	mos.



County Baltimore Ma.	CERTIFICATE OF DEATH
115	Registration Dist. No.
Village or City St. Ganes (No Hosp	etal St; Ward) It death occurred in
	a hospital or Institution,
FULL NAME John 4. Co	entag. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male I hite Single, Single ORDIVORCED (Write the word)	16 DATE OF DEATH April 12, 1914. (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on
AGE It LESS than	and that death occurred on the date stated above, at
3.2 / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	Metine + Clorke
(a) Trade, protession, or	way was to be a second
particular kind of work	
business, or establishment in	(Duration) 3 yrs mos ds
which employed (or employer)	Contributory acute delelation of
PBIRTHPLACE (State or country) Baltimore	Secondary Ofeart (Opration) 7 yrs mos ds.
10 NAME OF August Conrad	(Signed) Walter G. Ostructury, M. D.
11 BIRTHPLACE OF FATHER	afril 12, 191 1. (Address A agus Storgelie)
(State or country) Sermany  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Many a Harres	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Sermany,	At place of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Mirs Grooks	Former or usual residence 1910 St. Lombard St.
(Address) 1910 St. Zombard St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6	Landan Park, Gent 15, 1914
Filed Gril 3 1914 Geo Ces Carait	20 UNDERTAKER . ADDRESS
REGISTRAR	Jar. B wok. Bullo
If more blanks are needed, address State Regist	or, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualided, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) may be stated under the head of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenperal septichacetc., when a definite diseasc can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgiu; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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ormation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very structions on back of certificate.	Vili	iage
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1 PLACE OF DEATH

### STATE OF MARYLAND

PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)  DATE OF BIRTH  Tel 27  (Month)  (Day (Year)  TAGE  A hospital or institute give its AAME inst of street and number of	ounty 18clls	CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, W	Mad. 1. 6	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead
MARRIED, WIDOWED, ORDINORCED (Month) (Day (Year))  6 DATE OF BIRTH  Tel 27, 18.48.  (Month) (Day (Year))  7 AGE  If LESS than and that death occurred on the date stated shove, at 19.19.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
TAGE  Tel 27  (Month) (Day (Year)    19   19   19   19   19   19   19   1	MARRIED, Victorial	(Month) (Day (Year)
f day, hre	1 Feb 22 , 1848. (Month) (Day (Year)	Sviddin 191
b b yrs mos 3 ds.   ORmin.?	66 7 2 f day,hrs.	The GAUSE OF DEATH* was as follows: - dried sudden
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER  OF FATHER  (Signed) William & Kore & P.  (Signed) Milliam & Kore & P.  (Signed) Milliam & Kore & P.  (Signed) Milliam & Kore & P.	a) Trade, profession, or articular kind of work.  c) General nature of Industry, sistess, or establishment in hich employed (or employer)  DIRTHPLACE (State or country)  10 NAME OF FATHER FATHER	Nathalar Heart Derman (Duration) yrs 10 mos ds.  Contributory Secondary (Doration) yrs 10 mos ds.  (Signed) William K Kore & P. N. B.  April 25, 1914 (Address) Leas M.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF MOTHER (State or country)  Where was disease contracted, if not at place of death?  Former or *  usual residence.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Address)	lled april 3 9191 4 B Benn & MP.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  April 2 Y, 1914  28 UNDERTAKER  DORESS  Sandalud

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



T. B. No. 1.

N. B.—Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Bollings &	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 42
Village or City Relay (No. 2 FULL NAME Elizabeth Barbo	Registered No.  [It death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, WIDOWED, Willore the word)  3 DATE OF BIRTH  Movember 25  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17  1 HEREBY CERTIFY, That I attended deceased from Jee  , 1913, to find 1914,  that I last saw here alive on find 8 1914
(Month) (Day) (Year)  AGE  The second of the	and that death occurred on the date stated above, at 10.25 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishmeof in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) / yrs. 6 mos. ds.  Gentributory Acres (Secondary) / yrs. 6 mos. ds.
10 NAME OF FATHER John In Showings  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Athur William, M. D.  Phil 9 (Address) El Rhilge Ind  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Thorylord	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,
Interment, Relay Bollo Co Ind	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april (1, 191 + 7. ) Registrar	Lorrane Cemeter april 11, 1914 20 UNDERTAKER ADDRESS L. A. Aranal 703 Hanover
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Scrvant, Cook, Housemaid, etc. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only deflute synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonagum, etc.. Carcinosis of lungs, meninges, peritonagum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the Accidental drewning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
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1 PLACE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF BIRTH

### STATE OF MARYLAND CERTIFICATE OF DEATH

St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]

### MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Dav I HEREBY CERTIFY, That I Attended deceased from and that death occurred on the date stated above, at 2.20 a m. The CAUSE OF DEATH\* was as follows: Secondary \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place In the of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death?

Former or usual residence

DATE OF BURIAL

ADDRESS

### PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word)

(Day

(Year) If LESS than 1 day hrs.

OR ..... ?

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

7 AGE

BOCCUPATION

BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 2

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the Disease Causing Dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pueumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of genital," "Seuile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MAY 5 1914

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.
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state

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from TE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date/stated above, at 1230Am. 1 day,....hrs. The CAUSE OF/DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trada, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory . Secondary 10 NAME OF FATHER (Signed) PARENTS **OFFATHER** (State or country) \*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ... yrs. .... mos. ..... State ..... yrs; \_ 14 THE ABOVE IS TRUE TO Where was disease contracted. If not at place of death? Former or usual residenca 19 PLACE OF BURIAL 16 20 UNDERTA REGISTRAR If more blanks are needed, address State Registrat, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify us by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BUREAU, V.S.

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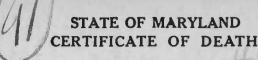
-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION-is very important. See instructions on back of certificate.

AGE

### V. S. No. 1.

N. B.

PLACE OF DEATH	358
unty Balto	



County Balto	CERTIFICATE OF DEATH
	Registration Dist, No
Village or City Highlandlowno 701, S	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDEN, ORDINARCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
May 16, 1912  (Month) (Day (Year)	that I last saw h Er alive on affine 9, 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Broncho Gremmine  (Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) Ralto Co	Gontributory Coloration Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Lawson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER  13 MAIDEN NAME OF MOTHER OF	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Addre
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
(informant) Sullow Soul Sullow	Where was disease contracted, If not at place of death?  Former or usual residence
File Oful 10 1914 WE Millanalian	19 PLACE OF BURIAL OR REMOVAL  Date of BURIAL  April 191  20 UNDERTAKER  ADDRESS
REGISTRAN	2 Herwia + Cr 2008 Chlory

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



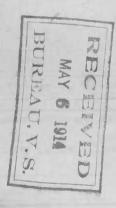


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked ou may form part of the second Groccery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," But in many As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuhereulesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Seuile," ctc.), "Dropsy," "Exhanstion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-Bronchopucumonia (secondary). 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, AOI HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Fit death occurred in St.; a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, Marrie 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h ...... allve on ..... (Month) (Day) It LESS than AGE and that death occurred on the date stated above, at 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. (Secondary) (State or country) Duration) 10 NAME OF (Signed) FATHER ....., 191. 4 (Address) 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 4 39 UNDERTAKER ADDRESS Filed.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



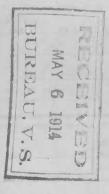


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iii-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISTASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as mine, etc. fication, as Day laborer, Farm laborer, Luborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who gre engaged in the Never return "Laborer," If the occupation has "Foreman."

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

"Contributory." such, if Impossible to determine definitely. childbirth or miscarriage. as "Turrenal scptichaemus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonttis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci--Kart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head (name origin; "Can-State cause for Examples: For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

AGE

that it may be certificate.

CAUSE OF DEATH in plain terms, so important. See instructions on back of

CAUSE OF

N. B.

sted EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT

3587 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred to hospital or Institution, give its NAME lostead of street and nombor.]

*FULL NAME	· PULLA CIV
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the Word)	DATE OF DEATH April 19 , 1914 (Year)
DATE OF BIRTH  Ofwil 19 1914  (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) Gooeral nature of industry, business, or establishment to which employed (or employer)	4 Involt Foctors Course at miscarriage surprisons.  (Duration) yrs mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF FATHER Land Dietoch  11 BIRTHFLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) X 7
OF MOTHER Select fillinger  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if oot at place of death?
(Informant) John Dielsch (Address) 245. First St	Former or usual rosidence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File Grif 2 Z, 191 / W.E. M. Claureline REGISTRAD	Mr. barnel Cemetay apr. 22, 1914  20 UNDERTAKER  Surkler & Burkler 3204 0:00 ormeel or

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin.

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) "Contributory." such; if impostible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "PUERPERAL septichae-"Exhaustion,"



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V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 3588  County Ralto	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Highlandson (No. 39/	Registration Dist. No.  [It death occurred is a hospital or lostitution give its NAME losteau of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Office of the state of the stat
AGE  (Stoller) (Day) (Tear)  If LESS than f day,hrs. ormin.?	and that death occurred on the date stated above, st. A. m. The CAUSE OF DEATH* was as follows:
COCUPATION  (a) Trade, protession, or particular kind of work  (b) Genoral nature of Industry, business, or establishmoot in which employed (or employer)	CONGESTION Jrs. mos. ds.
(State or country)  Balto Co	Contributory (Secondary) (Doration) yrs mos ds.
10 NAME OF FATHER MANCING AGAINSTOCK  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	(Signed)  101 A (Address)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transferore
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, It not at place of death?
(Address) 3910 Clairmount  Filed Glif / 8, 1914 We Mill Clause	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRA	Janteriors V Co 2008 Chleans

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," гогешии, "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfulshould be taken to report specifically the occupations duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

affection need not be stated unless important. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUREPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: valvular heart disease; Ohronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-Hart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of \_ (name origin; "Can Examples:



V. S.

N. B.

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No. 1.		CAUS

County Batto	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
Village or Cit Man Hynden (No. M.)  2FULL NAME Ella C Di	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Finale while Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  (Month)  (Day  (Year)	that I last saw her allve on april 8 , 1914
7 AGE  It LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Brunchette & Buddlew Alofs Secondary  Pring I level asle (Maration)  Vers  Secondary  Pring I level asle (Maration)  Vers  Mass  ds
10 NAME OF FATHER William T Difon  11 BIRTHPLACE OF FATHER (State or country) Findries to mo  12 MAIDEN NAME OF MOTHER SOLOMA	(Signed) (Signed) , M. D.  (Signed) , 191 4. (Address) 9 ly use Link  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) York Co Por	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place In the of death
(Informant) William To Defen  (Address) Glynden Batts & ma	to the total place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Resolution for the late of the late
Filed 191 4 Provided REGISTRAR  If more blanks are needed, address State Regist	rar, 60. Franklin St., Bulto., Requesting V. S. No. 1. M. d.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term ou the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—in and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as 'Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy." affection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

CORD	SICIAN	
RE	PHY	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUP moortant. See Instructions on back of certificate.	
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AINLY	Every Item of Information should be carefully su SAUSE OF DEATH in plain terms, so that it mananterisms.	
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3	Item OF	
	SAUSE	



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

[If death occurred in

a hospital or institution, give its NAME Instead ot street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED. (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or none particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory & 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) Tal \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER Dorchester Co. Middeath ..... yrs. ..... mos. ..... ds. State Where was disease contracted. It not at place of death?. Former or usual residence. DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Regis trar, 6 E/Franklin St., Balto., Requesting V. S. No. 1,

m.





[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purreman scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ample: Meastes (disease causing death), 29 ds. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. dent; Revolver wound of had-homicide; Poisoned which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," \_ (name origin; "Can Examples: For VIO



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Daltemon 3590	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Spanson 2(No. Jon.	Registration Dist. No
2FULL NAME TO STATE TO STATE OF THE STATE OF	TEBELLE UI SHEEL AND HUMBEL.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR BACE 5 SINGLE, MARRIED WIDOWED ORDIVOROED ORDIVORO	16 DATE OF DEATH STILL 29, 1914 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	THEREBY CERTIFY, That I attended decessed from 191.  That I last sew h
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trada, protession, of particular kind of work (b) General nature of industry, business, or establishmant in which employed (or employer)	Meno hat while writing on you mos as
State or country) Servicing	Contributory (Secondary)  (Buration) yrs mas de
OF FATHER SEO. STORESTORES  11 BIRTHPLACE OF FATHER (State or country) Symmetry  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) From any	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
(informant)	Where was disease contracted, it not at piace of death?
File Ohr 30 1914 9 (Allowyck) MD	19 BLACE OF BURIAL OR REMOVAL  OUR Lawre Senetary May 24, 1914  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1





[Approved by U. S. Census and American Public Health
Association.]

been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise spectstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," childbirth or miscarriage, as "Tuerperal scottchaeetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma;" "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report usat neoplasms); Measles; Whooping cough; Chronic . Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can ls less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH



### STATE OF MARYLAND

Cou	note Baltimers	CERTIFICATE OF DEATH
	4.00	Registration Dist, No.
Vitta	age or City Stightau dtown (No. 3609	Fait Cox, St.; Ward) [If death occurred to a hospital or iostitution,
	FULL NAME Still Bon	give its NAME lostead of street and comber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
TE TE	* COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WOLD)	10 DATE OF DEATH  Chil 30 th, 1914  (Month) (Day (Year)
6 DA	TE OF BIRTH	17   HEREBY CERTIFY, That I sttended decessed from
	Month) (Day (Year)	that I leat aaw h
7 AG	(=500)	and that death occurred on the date stated above, at 100, m, The CAUSE OF DEATH* was as follows:
(a) 1	CUPATION Trade, profession, er Icular kind of work	Live months Foctus
(b)	Goneral nature of industry, ness, or establishment in	000000000000000000000000000000000000000
whic	h employed (or employer)	(Josephon) yrs mus ds.
	State or country) Baltimon Co.	Secondary  (Deration)
	10 NAME OF George Doelg sr	(Signed) Hilliam L. Burker 1.0.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  Baltimon City.	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT
PARI	12 MAIDEN NAME Coma Wagner	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Baltimon Ctj.	At place in the of death yrs, mos, ds. State yrs, mos, ds
	de above is true to the best of My knowledge story of the books of	Where was disease cuntracted, if oot at place of death?  Former or usual residence.
15	(Address) 3609 Fait an.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	Juay 1 1914 Will All Claus las	Dacred Steat Cem, May 1, 1914  20 UNDERTAKER ADDRESS 403 B. Wobest
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehlidren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Deaier," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for chiidbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertalned as the "Coliapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seniie," etc.), may be stated under the head of "Dropsy," "Exhaustion," Never report



RECORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Vi

WRITE PLAINLY, WITH UNFADING INK-THIS IS

8 100 1 PLACE OF DEATH

3592

County



### STATE OF MARYLAND CERTIFICATE OF DEATH

on Dist. No.	Registration Dist			
Fif death occurred i		6.	1- 100 111	
-Ward) a hospital or lactitution	St.:Ward)	acros &	B Or City Terrelle (No/ ) &	liage or C

a nospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day Year)	that I last saw h. alive on, 191, 191
AGE LESS than	and that death occurred on the date stated above, at 4 A m
C 6 N S day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds OR min. ?	falmer disease
OCCUPATION (a) Trade, profession, or	of the Hart
particular kind of work	
(b) General nature of Industry, pusiness, or establishment in	(Duration) was do
which employed (or employer)	(Duration) yrs mos ds.
BIRTHPLACE (State or country)	Contributory Secondary
110	(Duration)
10 NAME OF FATHER 2	(Signed) Clavel Suns Crosses N. D.
11 BIRTHPLACE	ap 12, 191 (Address) fances
OF FATHER IN THE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country)  12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
OF MOTHER Mary Sland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informati) helle I Haile	Former or
(IIIIVITEURI)	usuai residence
(Address)	TOTAL OF REMOVAL DATE OF BURIAL
	to divillers comelly up at 16, 191 T
Filed 4/12 1914 Coland Anna	20 UN DERTAKER of LIAM ADDRESS
REGISTRAR	strar, 6 E. Franklin St., Bato., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, ctc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The coutributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

N. B.—Every Itum of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

1 PLACE OF DEATH 3593	STATE OF MARYLAND CERTIFICATE OF DEATH
County Nellewerl	
	Registration Dist. No. 30
Village or City lelleriselleno. Pri	[If death occurred is a hospital or institution, give its NAME instead
2FULL NAME Celelia De	righerly— of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The Color or race 5 single, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	aug 5th 1804 to april 26 4 1914
Month) (Day (Year)	that I last saw h Malive on Pril 16 4, 191 4
7 AGE If LESS than	and that death occurred on the date stated above, at 10. Hem.
86 yrs and mos lend to OR min.?	The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER	Contributory neuron (Duration) yrs mos ds.  Contributory neurons - Premiumia Secondary  (Duration) yrs mos ds.  (Signed) Clay Lake , M. D.  April 27, 191 4 (Address) Celemostille Mid
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  74	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
(Interment) his planque M- nony	Former or salt Ma
(Address) 1338 M. Caroline St- 15 Filed afril 27, 1914 Marshall B, Wrot REGISTRAR	19 PACE OF BURIAL OR HEMDVAL  DATE OF BURIAL  29 UNDERTAKER  ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### •

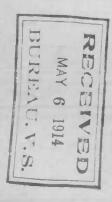
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the msease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichuc mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inquition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snieidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



BINDING ESERVED MARGIN

RECORD

PLACE OF DEATH

PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in a hospital or institution. give its NAME instead of street and number. ] 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 9.07 P.m. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in may which employed (or employer) .... 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF 80 50 back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-5 12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. plain Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ... State ..... EATH Where was disease contracted. If not at place of death? Former or OF usual residence mportant. Every its DATE OF BURIA (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Begis traf, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage. as "Purperal septichaeinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maran thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Aszer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914
BURBAU. V.S.

V. S. No. 1.

N. B.

	RECORD	PHYSICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liken of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAUSE Importa

PLAGE OF DEATH  County Ultimere  Village or Gity Utatousville Obrus  FULL NAME Bane. J. Q.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OROSVORCED (Write the word)	(Month) (Day (Year)  17 L HEREBY CERTIFY, That Lattended deceased from
7 AGE (Month) (Day (Year) 1 day, hrs. OR min. ?	that i last saw h was allve on allve at a stated above, at 9.30 Gm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	leerebral Hemontage, (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mayland  10 NAME OF FATHER John M. Dukehart	Contributory Level Careses Secondary  (Duration yrs mos ds.  (Signed) , M. D.  (April 191 + (Address) Catacorole me
11 BIRTHPLACE OF FATHER (State or country) Maryleud  12 MAIDEN NAME OF MOTHER Reference Ments  13 BIRTHPLACE OF MOTHER (State or country) Marylaud	*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   January   In the of death   Jyrs.   Mos.   Jack   Jack   Jyrs.   Mos.   Jack   Jack
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residence  19 place of Mountain Community Charles of Burial  The community Community Charles of Communit

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Balto Ma

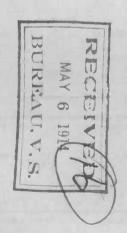


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu mauy first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

affection uecd not be stated uuless important. valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: oma, Sarcoma, etc., of..... (uame origiu; "Canthre of the Americau Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



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	ORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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3595 1 PLACE OF DEATH



### STATE OF MARYLAND

County Bulto	CERTIFICATE OF DEATH
Village or City bushing tarm (No. 724)  *FULL NAME XILLIAN 11.	Registration Dist. No.  [If death occurred to a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE 5 SINGLE, MARRIED, MIDWED, MIDWED, MIDWED, MIDWED, WITH THE THE WORTH ORDIVERSED (Write the WORTH)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
Month (Day) (Year)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AGE   If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 1. 13 A.m., The CAUSE OF DEATH* was as follows:
a) Trade, profession, er particular kind ef work  (b) General nature ef industry,	
business, or establishment in / which employed (or employer)	Contributory Hack
(State or country) Bullo	(Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER WWW 16. Easen,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME.	(Signed), ,M. D.,  (Address) 7373 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Sulcidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  At place of death yrs mos ds. State yrs mos ds.
(Informant) My 4 An Contract	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PMACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Chif 2. 1914 Of Me launhau  REGISTALE	De der Cele Date of Burial  20 UNDERTAKER
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purreral septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 2506



### STATE OF MARYLAND

County Balts	CERTIFICATE OF DEATH
0.1	Registration Dist, No.
Village or City Keyhland (No. 40/0, _	En Cozst.; Ward)  Classification (Street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, manuel or by the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	
Month) (Day (Year)	that I last saw h alive on, [9]
7 AGE If LESS than	and that death occurred on the date stated above, at
43 10 1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  Car Sespatchee	Heart Disease
(b) General nature of Indusfry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Balto	Gontributory Secondary
10 NAME OF John Cokstein	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or gountry)  12 MAID MOTHER  OF MOTHER  12 MAID MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT
MAIDEN NAME OF MOTHER LONG RUMAN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  Lemony	or RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bertha Eckstein	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 4048 Central	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File Shif 22, 1914 Cle Ma Claudlan	20 UNDERTAKER ADDRESS
REGISTRA W	John Herwich Co 2008 aleans

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaeinjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Mcasles (disease causing "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," death), 29 ds.;



ormation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	'H in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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ormation should	H in piain term	structions on back of certificate

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Village or ony Mitaest Park (No. 4304 maine are 50, W	ard)
* FULL NAME annie Colwards	

3597

[If death occurred in a hospital or Institution, give Its NAME lostead of street and number. ]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temele White Single, Markied, Widowed, ORDIVORCES (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw he a alive on April 20, 1914.
AGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, st. & Q., m. The CAUSE of DEATH* was ss joilows.  Micrordon Manually
(State or country)	Contributory (Secundary)  (Buration) yrs. mos. ds.
10 NAME OF L. Popers  11 BIRTHPLACE (State or country) England  12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?
(Interment) Hand Edwards  (Address) 4304 Mavie are  5 Filed Marie Way a Norlor	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-



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Instructions	

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SICIANS should OCCUPATION IS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIEO, WIDOWED, Mamal (Month) OR OLVORGEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 11 t day, .....hrs. was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed). 11 BIRTHPLACE 191 (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_ mos. ... Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL

if death occurred to

a hospitat or institution. give its NAME instead et street and number.]

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinospical desired processing the control of the control

childbirth or miscarriage, as "Purrereal septicharample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Collabse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of or Homicidal, or as probably \_ (name origin; "Can-"Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1914
BUREAU. V.S.

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RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3599 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Endsdown (No. Nohughen Rest

a hospital or institution, give its NAME instead of street and number.

FULL NAME / MISSING ON , J	, ONUNIONS
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  SINGLE, ALLY  MARRIED  WIDDWED,  OR DIVORCED  (Write the word)	16 DATE OF DEATH Open 2 , 1914.  (Month) (Day (Year)
6 DATE OF BIRTH  Oct 24, 187  (Month) (Day (Year)	that I last saw have alive on which I all your saw have alive on which I all your saw have alive on the saw have alive of the saw have alive on the saw have alive on the saw have alive of the saw have alive on the saw ha
7 AGE  40 yrs 6 mos 5 ds. OR mln.?	and that death occurred on the date stated above, at 10 cd m.  The CAUSE OF DEATH was as follows:
** OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Jugarenosas
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Ly Lexisters Secondary
10 NAME OF FATHER William He Eastern	(Signed) (Successfully Masser, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Ca	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
(Interment) Sach Bielem	Where was disease confracted, If not at place of death?  Former or usual residence
16 Maria 30 11 of Della	Lunden Inh Con May 2, 1814

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Caroin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT 4 UNFADING INK-THIS WRITE PLAINLY, WITH

RECORD

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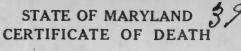
carefully supplied. certificate.

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of Information s DEATH in plain instructions

CAUSE OF I

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TIFICATE	OF	DEATH
Registration	Dist.	No

Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number. 1

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored (Write the word)	16 DATE OF DEATH  Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
TAGE  Month)  (Day)  (Year)  TAGE  July  (Day)  (Year)  TAGE  If LESS than 1 day,hrs. ORmin.?	that I last saw h & allve on Office 14 1914, to that I last saw h & allve on Office 14 1914, and that death occurred on the date stated above, at 7 m.  The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which amployed (or amployer)  BIRTHPLACE (State or country) Ballinnore Calin Mol.	Contributory General Abelity &  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
OF FATHER OF G. Flemmings  11 BIRTHPLACE OF FATHER (State or country) Ballimore City Ind.  12 MAIDEN NAME	(Signed) J. J. J. G. M. B.  (Signed) J. J. G. M. B.  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Jarah Johnson  13 BIRTHPLACE OF MOTHER (State or country) Montgomery Co. Mcl.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant)	Where was disease confracted, If not at place of death? Former or usual residence
(Address) Flynam R. R. M.	19 PLACE OF BURIAL ON REMOVAL DATE OF BURIAL  10 Jim bently, Long Green M. Afr. 17 7. 191 H.  20 INDERTAKER
REGISTRAR	Stade / slow, Cong Green My

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

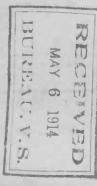


[Approved by U. S. Census and American Public Realth Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

genitai," cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Purrpubal scottichae "Contributory." sepsis, tetanus) dent; Revolver wound of had-homicide; Polsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," 'Uraemia," "Weakness," (name origin; "Can State cause for death), 29 ds.: Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT

Village or City Highland (No. 406, 2011)  PLACE OF DEATH 3601  Village or City Highland (No. 406, 2011)  PLACE OF DEATH 3601  Village or City Highland (No. 406, 2011)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
remale While Single, widowed, ordivorced (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Marth (Day (Year)	that I last saw har alive on and 13, 1914
33 yrs 8 mos 6 ds. or min.?	and that death occurred on the date stated above, at  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Deute Meningelis (Duration) yrs. mos. Z/2-08.
BIRTHPLACE (State or country) Maryland	ContributorySecondary
10 NAME OF John H. Hord	(Signed) Frank a. Slave, M. D.
11 BIRTHPLACE OF FATHER (State of country)  12 Maintenance OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
12 MAIDEN NAME OF MOTHER CONTROL Roberston	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF AVENOWIEDER	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) John H. hordy	If not at place of death?————————————————————————————————————
(Address) LOG J. Third H.	Car of sura Com Marial 1914
Filed Ghrif 20, 1914 WE, The Clavalien	20 INDESTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 3

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speefstatement. been changed or given up on account of the disease material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIPAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent)



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Y. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County

PLACE OF DEATH 3602	STATE OF MARYLAND CERTIFICATE OF DEATH
Magamur D	Registration Dist. No. 36
or City While Hall (No.	St.; Ward) [If death occur a hospital or lns give its NAME

V	illage or City While Hall (No,	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]		
	FULL NAME William, Renny Ja	et street and wumber.		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
male Black Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)  MARRIED, WIDOWED, ORDIVERCED (Write the word)		16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
Month (Day) (Year)		that I last saw has relive on fine for the first saw has relive on fine for the first		
7 AGE  11 LESS than 1 day,hrs. ORmin.?		and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:		
(a) Trade, profession, er particular kind ef work  (b) General nature of Industry, business, or establishment in which employed (or employer)		Contributory (Secondary)		
	10 NAME OF FATHER Dout Know	(Signed) (Duration) o yrs o mos lad ds.		
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Dont Rnow	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	13 BIRTHPLACE OF MOTHER (State or country) Dout lenve	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS)  At place In the of death yrs, mcs ds.		
(Informant) Elizabeth Ford		Where was disease contracted, If not at piace of death?  Former or usual residence		
(Address) White Hall Mile  Filed Fied S, 1914 Mile REGISTRAR  REGISTRAR		19 PLACE OF BURIAL OR REMOVAL  Leveford Colored on apr 19., 1914.  20 UNDERTAKER  ADDRESS  CLe Roy Stiffle Parktory		
If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto. Requesting V. S. No. 1.				



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the distant of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscis of lungs, meninges, peritonacum, etc.. Carcinoscia

childbirth or miscarriage, as "Purperal scptichaethenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of \_ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can Never report Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state  CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-

1 PLACE OF DEATH 3603 STATE OF MARYLAND Ballemon CERTIFICATE OF DEATH Registration Dist. No...

Village or City W. Hope Robert E. France

[It death occurred in a hospital or Institution. give its NAME Instead of street and number.]

PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE  While  While  Will  Write the word	(Month) (Day (Year)
6 DATE OF B	DER 16, 1869	that I last saw h all allve on Apr 3 M , 1919
7 AGE	(Month) (Day (Year)    It LESS than   1 day,hrs.   ORmln. ?	and that death occurred on the date stated above, at 10 # - m  The CAUSE OF DEATH* was as follows:
(b) General na	esslon, or Religious - Pricil- interest industry, establishment in Religious dulies.	@61 (Ouration) yrs / 3 mos O ds
9 BIRTHPLAM (State or 10 NAM FAT:	E OF Peter Freeman	(Signed) 12 aux Haurery , M. D.  Afr. 411, 1814 (Address) Hour / Are.
Z (Sta	DEN NAME Humsh ke Auliffr	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	HPLACE NOTHER Ite or country Aloud	At place and In the abt of death yrs. 15 mos. a ds. State yrs. 15 mos. a ds. State yrs. 15 mos. a ds. Where was disease contracted, from for at place of death?  Former or usual residence. Rhore Island.
(Addre	188) Ut Hoke Ned 4,1914 Frank J Flawery REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL  19 place of Burial or REMOVAL  ADDRESS  Howarh & Mower Ballo W. 28
(1)	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," .. (name origin; "Can-"Exhaustion," Never report cause for



B. No. 1.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is year. See instructions on back of certificate. PERMANENT 4 S UNFADING INK-THIS PLAINLY. WITH WRITE CAUSE OF

Important.

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RECORD

PLACE OF DEATH 3604  County Balto:	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 43.
Village or City taspbury (No. Our.  *FULL NAME Mary alice	Claus dant St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGET, MARRIED Lidon ORDIVERCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)
TAGE  OBJECT  OF BIRTH  (Month)  (Day)  (Year)  TAGE  OR	that I last saw har alive on Charles 1914, and that death occurred on the date stated above, at 5 am, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or empioyer)	Cauth Brusho Preumerie  (Duration) yrs. mos 3 ds.
9 BIRTHPLACE (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  14 Address  15 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  16 THE BEST OF MY KNOWLEDGE  (Informant)	Contributory (Secondary)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mss. ds. State yrs. mss. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
15 0 0 1	NALDing me Comstant Paril 12= 1914

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:



PLACE OF DEATH	STATE OF MARYLAND
County Balts 3605	CERTIFICATE OF DEATH
County 13 all	Registered No. 43
Village or City Fulletton humo.	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Henry &a	unit.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 6 SINGLE, MARRIED, WIBOWED, WIBOWED, (Write the word)	(Month) 20 (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	apre 44 1914 10 apre 204 1914
(Month) (Day) (Year)	that I last saw h mailive on apro 9th 1914
7 AGE (Month) (Day) (Teal)	and that death occurred on the date stated above, st. 7 Q m,
74 yrs. mos. ds. OR min. ?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	varie ocean of their
(a) Trade, profession, or particular kind of work cuchies	Nephila
(b) General nature of Industry, business, or establishment to	Constitution yrs mas ds.
which employed (or employer)	Contributory arter & Schen
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF A	(Duration) yrs mos ts.
FATHER John Grenett	(Signed) N. D. Die (Andrese) 1220 . T. Foy etc.
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Many S. Ganett.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs, mos. ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Hazmala Garrett	Former or osual residence
milleston Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Lawel Cerneteurs Sport, 23, 1914
Filed afril 21914 M. H. C. REGISTRAR	Robert a. Elle 501 Roger One
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer statement. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ample: Measles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis; tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS, state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

properly classified.

Should

AGE

carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

Every Item of Information should be CAUSE OF DEATH in piain terms.

N.B.

Important,

1 PLACE OF DEATH

County Baltimore Endowood Sacritorium Gowson

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

-		***		
5	t.;	W	ard	I)

Vi	llage or City	therine Josephi	ine Garrity Ward)	a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	Hemale White	SE 5 SINGLE,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Agaril 20 (Month)	(Day (Year)
6 0	PATE OF BIRTH  Seculo  (Mont	er 23 1871	that I last saw here alive on Africa	attended deceased from 20, 191 4,
8 0	OCCUPATION a) Trade, profession, or	mos ds. or min.?	and that death occurred on the date stated t	euldeis
p; (b bu	articular kind of work	ok budung	. (Duration) S	yrsmosds.
-	10 NAME OF FATHER  11 BIRTHPLACE	Garrity	Secondary	loau, M.D.
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	ma Welsh	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS)	
14	OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BE (Informant)		At place of death yrs mos. S ds. State 4.  Where was disease contracted, if not at place of death?  Former or usual residence. 1209 Green mos.	2 yrs. 3 mos. 28 ds
16 Fi	(Address)	and Smint	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER	Spread 191 4
1-	x	REGISTRAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	001/1/10

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," As examples:

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. ample: Measles (disease causing death), 29 ds.; valentar heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

N. W.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

A PERMANENT stated EXACTLY. 1 PLACE OF DEATH

STATE OF MARYLAND

County / Salto	CERTIFICATE OF DEATH
Village or City Lightland (No 3531)	Lough St.; Ward) a hespital or leathline
FULL NAME SLAT	a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gerale While the word	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Ofril 18 1914	
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. 2 yrs	and that death occurred on the date atated above, atm The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Still born
(b) Generat nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos. ds
*BIRTHPLACE (State or country) Mayland	Secondary    Contributory   Secondary   Contributory   Secondary   Secondary
10 NAME OF THER august Gaebel	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Main NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Julia Danniel	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Many land	At place in the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Light Sweller	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 3537 Laugh	19 PLACE OF BURIAL OR REMOVAL  OR LAWN Cew April 19, 1914  20 UNDERTAKER  ADDRESS
File 7 7 197 W. F. / Canadas	A 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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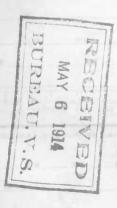
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



oż

N.B.

	FULL NAME JUSTICIAL	.f.,
	PERSONAL AND STATISTICAL PARTICU	LARS
7	Male That Single, Married, Widowed, ORDIVORCED (Write the W	ord)
6 D	ATE OF BIRTH Splekuber 1	5 , 18 4 (Year
7 A	(Month) (Day)	If tESS ti
(a) pai (b) bus	CCUPATION Trads, profession, or Black Smith General nature of industry, iness, or establishment in left employed (or employer)	s. OR min.
(a) pai (b) bus whi	CCUPATION ) Trade, profession, or Black Smith Cloudar kind of work General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  Carroll Con	s. OR min.
(a) pai (b) bus whi	CCUPATION ) Trade, profession, or Black Smith Cloudar kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)	s. OR min.
(a) pai (b) bus whi  9 Bi (S	CCUPATION Trade, profession, or Black Smith Tricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  Ourol Con  10 NAME OF	s. OR min.
(a) pai (b) bus whi  9 Bi (S	CCUPATION ) Trade, profession, or Black Smith Ceneral nature of industry, iness, or establishment in ich employed (or employer)  10 NAME OF FATHER FREDERICK J., Sor	s. OR min.
ARENTS (q) BB (q) bad sind (a)	CCUPATION ) Trade, profession, or Black Smith  General nature of industry, iness, or establishment in Ich employed (or employer)  IRTHPLACE tate or country)  CARROLL OF FATHER  PRODUCE OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  Mary Coslice  13 MAIDEN NAME Mary Coslice	s. OR min.

1 PLACE OF DEATH

3608

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### STATE OF MARYLAND CERTIFICATE OF DEAT

IFICATE	OF	DEAT	H	
			e .	_

ILEGISTELET	NO.
Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number 1

Mariona other loads of bearing
16 DATE OF DEATH April , 1916 (Month) (Day) (Year)
17 April 2 1914, to April 1 1915
that I last saw he alive on April 5-1, 191.) and that death occurred on the date stated above, at 4 A n
The CAUSE OF DEATH* was as follows:  Heart Disease - General  debelet,
4
Contributory Abrant failer
(Secondary)  (Secondary)  (Suration) - yrs - mos 2 d
(Signed) Jeta Vach M.
April 7, 1914 (Address) bockysvelle 7
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
At place In the of deathyrs
of death yrs mos ds. State yrs mos d Where was disease contracted.
If not at place of death?
Former or usual residenca
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Grace Cemeley 4-9, 1812
Would Proof Specific



[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. fication, as Day laborer, Farm laborer, Laborer—Coal CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease is a same accepted the first for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciamia," "PUERPERAL peritonitis," etc. State cause for chiidbirth or miscarriage, as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertoken for ex "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:



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7. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 3600	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Robbish Re (No. (No. (No.	Registration Dist. No. 30  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
FULL NAME Courses Joseph	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Preservation of the control of the c	(Month) (Day) (Year)  17 A HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Oct 28 1841	1913; to Gel 4 1914
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than 1 day,hrs. 0 cRmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Cintris of Line
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos ds
OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF MAIDEN NAME  OF MOTHER	(Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Colhesian Schaefer  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Novalanne 18 V.  Filed Afriel 16, 1914 Moushall B Woof- REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Stern Cathedral April 17, 1914  20 UNDERTAKER  ROLL S. Little 53 / Fremow
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Ecquesting V. S. No. 1.



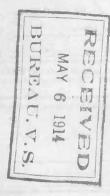


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the dibrase causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement childbirth or miscarriage, as "Purereral septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Never report Examples: For vio-



PLACE OF PEATH 3610	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
7000	Registration Dist. No. 30
Village or City Jung low (No.3400	[If death occurred in a hospital or institution give its NAME instead
* FULL NAME Margaret an	m Iroom E. of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEmale White Springle, married Widowed, Orbivorced (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That Lattended deceased from
GDATE OF BIRTH  April  (Month)  (Day)  (Year)	that I last saw h en alive on Chief & 191 &
7 AGE   It LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above, at Pm. The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or House wife particular kind of work	Sulway Hewarkog
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Sattingolf	Contributory Vellerary Tuler culas (Secondary)
10 NAME OF FATHER James Gough	(Signed) Howard W form, N. D.  April 9, 1914 (Address)
OFFATHER (State or country) Ingland  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Island.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs, mos ds.
(Intermant) The Best of MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
(Address) 3400 Wilking UVE.	Lateral Date of Burial
Filed aful 11, 1914 marshall B Wish	20 UNDERTAKER ADDRESS  A C. Newdefeld 84 Therimb Con
If more blanks are needed, address State Registrar	





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise-specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name. first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," etc. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-



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	D o
	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
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RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supp
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25	00

CAUSE OF Important. S

N. B.

V. E. No. 1.

1 PLACE OF DEATH



### STATE OF MARYLAND

Co	unty Balto.	CERTIFICATE OF DEATH
Vil	(170,	Tugleside Augst.; Ward)  [if death occurred to a hospital or Institution, give its NAME Instead of street and number.]
	FULL NAME (desman ). 90	unders here of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Lealer White Street opening the word)	16 DATE OF DEATH April 2 1914 (Month) (Day (Year)
6 D	Month (Day (Year)	that I last saw h w alive on april 2, 191 4.
7 A		and that desth occurred on the date stated above, at S P m.  The CAUSE OF DEATH* was as follows:  Alterias Clerasia
(a pa (b) bus wh	Orade, profession, or ricular kind of work  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Ral heurose fund  Ral heurose	Contributory Cest Ktal Hacuars Las e
ENTS	10 NAME OF FATHER GS Guides weiles  11 BIRTHPLACE OF FATHER (State or country)  Februar 9	(Signed) Suggest feapold, M. D.  (Signed) Suggest feapold, M. D.  (Address) SP3 lark Que Balto  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME  OF MOTHER (State or country)  GEALUAU 9	At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) Sof Pari au	Where was disease contracted, If not at place of death?  Former or Usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
15	aliel 2 my marchall Bloom	Cheb Shalaus Cence tely UST. 3, 181 4

Savid Sand herric If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



THIS IS A PERMANENT  OE should be stated EXACTLY.	2	RECORD	PHYSICIANS should state of OCCUPATION Is very	
WRITE PLAINLY, WITH UNFADING INK.  N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be pre important. See instructions on back of certificate.	WARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH 3612	STATE OF MARYLAND CERTIFICATE OF DEATH
County Saltimore	Registration Dist. No
Village or City Highlan Stown No. 3425 2FULL NAME Melchior &	Mr. Pleasant St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hole Shirts (Single, Married).  Male Married, Wiooweo, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
© DATE OF BIRTH	I HEREBY GERTIPY, That I attended degeased from
May 1 847 (Month) (Day (Year)	that I last saw how allve on Cope - 15 , 191
7 AGE If LESS than	and that death occurred on the date stated above, at 9. 20 Pom.
66 yrs 11 mos 15 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Then the transmin
(a) Trade, profession, or particular kind of work.	in were juice
(b) General neture of Industry, business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country) Germany	Secondary (Buration) yrs mos ds.
10 NAME OF George Guttenberger	(Signed) / Mag H Magness MA 0.
I BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  White or country  14 MAIDEN NAME OF MOTHER  White or country	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Server any	or Recent Residents) At place In the of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not et place of death?
(Intermant) Much all Guttenberger	Former or usual residence
(Address) East av. Ed + outer ar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 July 17 101 4 184 900 Plans	20 UNDERTAKER 3 ADDRESS
REGISTRAN	Willy te fecter. 4038. Wolfer

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



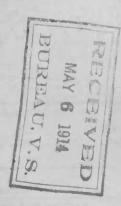


[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dnties of the honschold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. death), 29 State cause for "Exhaustion," Never report For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

statement

Exact stated

classified.

AGE

carefully supplied. certificate.

DEATH in plain terms, so See instructions on back of

CAUSE OF Important. S

N. B.-

of Information should

PERMANENT

1 0	LAC	F	OF	DE	ATH
		, _	OI.		~

	1 PLACE OF DEATH 3613	STATE OF MARYLAND
	Baltimore	CERTIFICATE OF DEATH
Cou	inty Cull more	Registration Dist. No. 42
	9,	
Vill	age or cita Taus docure. (No. 2st	Gre . St.; Ward) It death occurred in
* ***	(110,	St.; vvard) a hospital or institution,
	251111 NAME Mas yould a	
	FULL NAME ME 900 A	7030076300
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, Walle	16 DATE OF DEATH Offil 26 1918
1	wole white word)	(Month) (Day (Year)
leu		I HEREBY CERTIFY, That I attended deceased from
° DA	ATE OF BIRTH	Murch 12/14, 1914, to Cepiel 26, 1914,
	(Month) (Day (Year)	that I last saw her alive on Opiel 24 1914
7 A C		and that death occurred on the date stated above, at 2:30/2 m,
	23 yrs 8 mos 29 ds OR min.?	The CAUSE OF DEATH* was as follows:
8 00	CCUPATION	The state of the s
(a)	Trade, profession, or	forestellases of Jugs.
	General nature of industry,	1
busi	ness, or establishment in	(Duration) yrs 8 mos ds.
	ch employed (or employer)	Contributory Il austin
BI	RTHPLACE (State or country)	Secondary
	10 NAME OF	(Doration) yrs mos 2 ds,
	FATHER ONLY HOLING	(Signed) / Cofface, M. D.
S	11 BIRTHPLACE	Gal 27, 191 4 (Address) mit tomas
ARENTS	OF FATHER (State or country)	
品田田	12 MAIDEN NAME POL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Cles whell Massacker.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos ds
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Interment) Williams Haberlown	Former or
'		usual residence
	(Address) Law down.	19 PLACE OF BURIAL DR REMOVATE DATE OF BURIAL
15	2 11M10	Youdon Jack On Opil 29, 1914
FILE	80 April 28, 191 4 D. Tuh.	DUNDEBTAKER & ADDRESS 39

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemie cerebrospinal menlugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

"Coutributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Seuile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauitlon," "Maras-"Collapse," "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Courulsions," "Debility" ("Con-Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

DEATH in piain terms, so that it may be See Instructions on back of certificate.

Every item of Information should be CAUSE OF DEATH in piain terms, se

N. B.

Important.

1 PLACE OF DEATH

County Baltimore

3614

### STATE OF MARYLAND CERTIFICATE OF DEATH

PI	Registration Dist. No. 30
Village or City hear leatonsmille (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color of RACE Single, MARRIED, Single Wildowsto, ORDIVORCED (Write the word)	Month) (Day (Year)
DATE OF BIRTH  Placeh 24, 1914  (Month) (Day (Year)	that I last saw h
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Feeble from ligne of bythe cause of death inanction  (Duration) - yrs - mos. of ds.
**BIRTHPLACE (State or country) Maryland	Contributory Secondary
11 BIRTHELACE OF FATHER (State or country)  12 MAINEN NAME  12 MAINEN NAME	(Signed) — yrs — mos. ds.  (Signed) — M. D.  (Signed) — M. D.  (Signed) — M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Office Fard  13 BIRTHPIACE OF MOTHER (State or country) Marseland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds
4 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE (Informant) Joseph Harreday	Where was disease contracted, If not at place of death? Former or usual residence
Filed Oful 2, 1914 Marshall B Wish	19 PLACE OF BURIAL OR REMOVAL  MOUNT Libo Baltoles Hpril 2, 181! 4  20 UNDERTAKER  Caston Sons Eller Heil

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Slationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Colton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, perilonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

Vi	11age Les Jutherulle (No. Here 2 FULL NAME Ella Eumme	Registered N  ward)  Hatch	[If death occurre a hospital or institu give its NAME ins of street and numbe
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3 SE	Male White (Write the word)	(Month)  17 I HEREBY CERTIFY, That I atten	(Day) (Year
6 D A	Much 5, 1858  (Month) (Day) (Year)	that I last saw he alive on	3 , 191 3 , 191
7 AG		and that death occurred on the date stated above The CAUSE OF DEATH* was as follows:	, at 12
(a) part	Trade, profession, or Ch Rones licular kind of work	Barbers Ferring	Melye
bush	General nature of Industry, ness, or establishment in ch employed (or employer)	Contributory Carden Sea	mos. 4
9 BII	ate or covary ashington & 6	(Secondary)  Metric  (Duration) 3 vrs.	6
	10 NAME OF Grorge David Oumming	(Signed) Jibban mas	, mos.
NTS	11 BIRTHPLACE . OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in dea	the from View
PARE	12 MAIDEN NAME COLONIA dai Baleh	CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTIT	whether Accidi
	13 BIRTHPLACE OF MOTHER (State or country) West Veryinia	At place In the of death yrs mos ds. State yrs	S, MOS,
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disoase contracted, If not at place of death? Former or usual residence	
	(Address) Tuckerville mf	19 PLACE OF BURIAL OR REMOVAL DAT	E OF BURIAL
15	on Shilly 191 2000 82 Bruson	20 yNDERTAKER ADD	v / 5 , 19
Till.	REGISTRAR	111 02 51	5n. Cahr



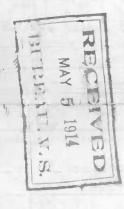


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

N. B.-

PLACE OF DEATH

### STATE OF MARYLAND

County Ballo	CERTIFICATE OF DEATH		
	Registration Dist, No.		
Village or City Cantan (No. 3204)	Koudson St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead		
*FULL NAME CHA! Se	bnus of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Amala The Single, MARRIED, MODERNE, DESIDERCE OF SUPERCE (Write the word)	DATE OF DEATH Chil 14, 1914 (Month) (Day (Year)		
DATE OF BIRTH	Sept 1912, to april 13, 1914,		
(Month) (Day (Year)	that I last saw held alive on afril 13 ,1914		
7 AGE If LESS than	and that death occurred on the date stated above, at 143 am,		
7 yrs 8 mos, ds. OR min.?	The CAUSE OF DEATH* was as follows:		
BOCCUPATION	Chronic Myo cardetis will		
(a) Trade, protession, or particular kind of work.	Ilalation (		
(b) General nature of Industry,	about		
business, or establishment in which employed (or employer)	(Duration) 3 yrs mos ds.		
9 BIRTHPLACE (State or country)	Secondary Secural Emeriation with Engage- Secondary Ment of aledominal Viscus (Duration) yrs 6 mos ds		
10 NAME OF FATHER Upn / Helonia	(Signed) S. E. Prickman M.D. M. D.		
11 BIRTHPLACE OF FATHER (State or country)	Afril 15, 1914 (Address) 2002 A Legington		
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER AND AND TO SERVICE AND TO	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.		
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of deathyrs mosds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(Interment) Margaret Lebrus	Former or		
May 11 A. Va-	usual residence		
(Address) Bally Guldson It	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
16 Oliver 1100 A10 ON	Mu anne april 71914		
Filed 414 1914 WE, IN CLAUDION	20 UNDERTAKER ADDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

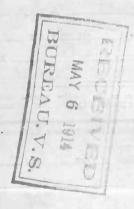


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborerstatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very f certificate.

CAUSE OF Important. S

N. B.

1 PLACE OF DEATH			
County Ballining	36	The same	7
County	•		



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Calmille (No. Bushumos	St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME anna Bryton Helfrich

TOLL HAML	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  October 18 15, 1880  (Month) (Day (Year)	that I last saw help alive on The 22 2 1915.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 0.45 Cum, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	**
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Teasfficiency of head Secondary
10 NAME OF FATHER HELLY THE THEAST	(Signed) Charles (Duration) yrs mos ds.  (Signed) Charles (M. D.  Arry 22, 1914 (Address) Calorically
OF FATHER (State or country Balling City  12 MAIDEN NAME OF MOTHER)  24 OF MOTHER AND BARA B. (OC)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Salting Cig  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At piace In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Henry H Heart	If not at piace of death?  Former or  usuai residence.
16 Flied afril 23, 1914 marshall B wish	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LOUDENT TORK  20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin Kt., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU. V.S.

RECORD

PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

N.B.

1 PLACE OF DEATH

3618



### STATE OF MARYLAND

Co	unta Dallisum.	CERTIFICATE O	F DEATH
	0/1/11	Registration Dis	it, No
Vill	age or citalegulandlow (No. 162,6	). Clubby St.; Ward	[It death occurred is a hospital or lostitution,
	O A DI - C KS	Perenaucia ?	give its NAME Instead
	FULL NAME Infant of	ralter. 1 Jewene	ot street and nomber.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	0 22 11
-	MARRIED, WIDOWED,	(Month)	(Day (Year)
7.	emale Cololly (Write the word)	17 I HEREBY CERTIFY. That	
6 D/	ATE OF BIRTH		
	Wed. Clful 29 ,914	, 191, to	
	(Month) (Day (Year)	that I last saw h alive on	, 191
TAC	If LESS than	and that death occurred on the date stated	sbove, stm,
	t day,hrs.	The CAUSE OF DEATH* was as follows:	
8 .	yrsds.   <u>OR</u> min. ?	1000	2 . 2
	CCUPATION Trade, protession, or	dell wor	2
par	ticular kind of work		
(b) General nature of industry, business, or establishment in			
whi	ch employed (or employer)	(Duration)	yrsds.
9 81	RTHPLACE (State or country)	ContributorySecondary	
	Highlandley Half!	1 1 1	yrşds.
	10 NAME OF FATHER A 19	NININIA	7
	Dengamen y Reusen.	(Signed)	, N. D.
TS	11 BIRTHPLACE OF FATHER OF FATHER	0/22/2914 (Address)	roner
Z	(State or country) Salle. Mel.	*State the DISEASE CAUSING DEATH, OF	, in deaths from VIOLENT
ARENTS	12 MAIDEN NAME ON 14 4	*State the Disease Causing Death, or Causes, state (1) Means of Injury; at TAL, Suicidal, or Homicidal.	id (2) whether Acciden-
Д	Tharling farming	. 18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the	
	(State or country)	of death yrs mos ds. State _	yrs ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
- (	Informant) Rquisiming Tolerson.	Former or	***************************************
,	11. PO 1-13 Pa	usual residence	
	(Address) 16265. Cleuly J	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	al. 1 - 10 8 malel 1	Cesbury Cene	april 30, 1914
File	Jul 29, 1914 W.E. The Canallan	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping eough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train—aeci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



		d state
		Shoul ION
B	RECORD	of OCCUPAT
MANGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
710011	UNFADING	parefully supplied that it may be certificate.
ZAVE	INLY, WITH	ion should be plain terms, so lons on back of
	WRITE PLA	Every item of information should be garefully su CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate.
F. S. No. 1.		Every CAUSE Import
R		1

PLACE OF DEATH 3619	STATE OF MARYLAND			
Gounty Back	CERTIFICATE OF DEATH			
Village or Gity & Ly blandlun (No. 340)	Registered No.  [it death occurred in a hospital or institution, give its NAME instead et street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX  4 COLOR OR RACE  WHENTED  WESUNG  WHO WES  WHO WITH THE WORLD  Write the World)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from			
S DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on Opril 1919			
7 AGE   It LESS than 1 day,hrs. or 2 min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:			
occupation (a) Trade, profession, or particular kind of work.  (b) Deneral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Chas Upinney  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER STAPETH Chas Upinney  13 BIRTHPLACE	(Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Si			
OF MOTHER (State or country) 7 Section 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Left. Security	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, If not at place et death?  Former or usual residence			
(Address) 340/ E. Bolla SI.  Filled July 20, 1914 W.E., McClauralian REGISTRAR 20				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				





[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Women at home, who are engaged in the return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the distance causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS SIITE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:



J. W. SCHLIEDER, M. D. OFFICE HOURS: C. & P. PHONE WOLFE 4277-M Deier Deater. Red did not our the feline this cure, which coles about 2 munt frudging from her lest mersotration, when the poeins come one the mas Cellangen the toulet her with a lot of blood, the sup to frightway that the flight it down



### PRESCRIPTION PHARMACIST OIZL. MOGIZ

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V. S. No. 1.		N. B.—Every Item of Information should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact important. See instructions on back of certificate.
No.		MOE!
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Ounty Bolto.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Canton (No. 934, 2) 2FULL NAME Marion 7. 7406	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale White Shingle, Midour (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That, I attended deceased from
Abril 3, 136 (Month) (Day (Year)	that I last saw here alive on Apr. 12 , 1914.
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1/30 Am, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  On any Care	Contributory Respiratory ailure
10 NAME OF FATHER OWN Thoward  11 BIRTHPLICE OF FATHER (State Wr country) Germany  12 MAIDEN NAME OF MOTHER  12 MOTHER OF MOTHER	(Signed) (Si
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted,
(Informant) Caroline Berl (Address) 934 S. Clinton St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Baltimore benuly afr. 20, 1914  20 UNDERTAINER ADDRESS
4 REGISTRANDA	trar, c. Franklin St., Ballo Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many ness. If retired from business, that fact may be indlof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tubercutesis of lungs, meninges, perilonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS sta's MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanitiou," "Marasture of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics "Seuile," etc.), "Dropsy," (Recommendations ou statement of (disease causing death), 29 ds.; "Exhaustion,"



V. S.

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PLACE OF DEATH	STATE OF MARYLAND			
County allume	CERTIFICATE OF DEATH			
	Registration Dist, No. 30			
Village or Gity Cluthus Cl. Mary Prove Mast. Thwards a hospital or institution give its NAME instead of street and number.]  2 FULL NAME RICHARD C. Houdeleston				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED.	16 DATE OF DEATH CANAL 10 LL , 191 (Month) (Day (Year)			
Mule Wile ORDIVORGED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from			
abril 20th 1868	ture 2/ 1913, to april 18th, 1914,			
(Month) (Day (Year)	that I last saw h wa alive on 191 t			
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,			
45 yrs 1 mos 22 ds OR min.?	The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  NAME OF FATHER  11 BIRTHPLACE	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Addrass)  (Addrass)  (Addrass)  (Addrass)			
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  (Carrier  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds			
(Informant) Mis N. G. Middleston 2426 Many Paris Cons	Where was diseasa contracted, If not at place of death?  Former or usual residenca.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed Offil 11, 1914 Marshall B Wish	9 Untou Fronge Va April 13, 1814 20 UNDERTAKER ADDRESS			
	rar, 6 E. Franklin St., Berto, Requesting V. S. No. 1. and			

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[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional live is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

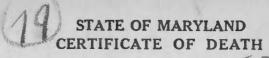
mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should state

RECORD

PLAGE OF DEATH	3622
PLAGE OF DEATH County Daltun	Oile



	0.0	Registration Dist, No. 33
Vii	Plage or City Slyudou (No. Plage of City House Company House	St.;—Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	wale Glack Switch Widow (Write the word)	18 DATE OF DEATH April 16 11 1914 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
11	MUCUOLO (Month) (Day (Year)	that I last saw halive on 191
TA	bout 80 yrs mos ds. OR min.?	and that death occurred policy date stated above, atm, The CAUSE OF DEATH * was as follows:
pa (b)	CCUPATION Trade, profession, or Housewife rticular kind of work General nature of Industry, siness, or establishment in	Valrular Wiseau 3
wh	ich employed (or employer)  IRTHPLACE (State or country)  Mausland	Contributory Secondary
TS	10 NAME OF TUILLOUN  11 BIRTHPLACE OF FATHER  11 MICHAEL  11 BIRTHPLACE OF FATHER	(Signed) Coch Henry , ms. ds.  (Signed) / Coch Henry , M. D.  April 17, 1914 (Address) etg/forones
PAREN	12 MAIDEN NAME Surice Wallace	*State the DISEASE CAUSING DEATE FOR Y GERTLES FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14	13 BIRTHPLACE OF MOTHER (State or country) Mayland:	Af place of death yrs. mos. ss. State yrs, mos. ds
•	(Informant) Have to the first of My Nowledge I augusten	If not at place of death?————————————————————————————————————
16 Fil	ed afr. 17 1914 STM Sease	Place of BURIAL OR REMOVAL STEE OF BURIAL SOUNDERVIKES
	REGISTRAR	ray 6 E. Franklin St., Balto, Requesting V. S. No. 1.

V. S. No. 1.





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Conra," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of dcath approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) EX.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

CSICIANS should state OCCUPATION Is very

PHYSICIANS RECORD

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Exact statement

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carefully supplied.
to that it may be pi
of certificate.

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See instructions on back

日の Every Item CAUSE OF Important.

of Information should PLAINLY,

PARENT

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BOCCUPATION (a) Frade, profession, or particular kind of work

State or country

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country

14THE ABOVE IS

(b) General nature of Industry, business, or establishment in

stated

should be

AGE

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH (Month) TAGE

S SINGLE,

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OF

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which employed (or employer) -----

WIDOWED, ORDIVORCED (Write the word)

(Day)

If LESS than

1 day, Lahrs. OR ..... 7

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 3	Registration	Dist. No	27
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fuster St; War	d) a hospital or Institution give its-WAME lostead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
18 DATE OF DEATH april	13, 1914
17 I HEREBY CERTIFY, That Capail 13 th, 1914, to Chr	1 1300 24
that I last saw held alive on afron	R 18 7 , 1914
and that death occurred on the date state	d above, at 5 Pz m,
The CAUSE OF DEATH * was as follows:	
Forcepo compo	ession
	***************************************
Contributory Faralys D (Secondary)	Prespiration  yrs
afril 18, 1914 (Address) Ichfus	nes med
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	, In deaths from VIOLENT nd (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOAPITAL OR RECENT RESIDENTA) At place In the of death yrs mos ds. State Where was disease contracted, it not at place of death?	a, INSTITUTIONS, TRANSIENTS,  yrs, mos ds.
usual residence.	
My Gilend	Charles 1914
20 UNDERTAKER	ADDRESS
A V Indada. I	11 0 - 10





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative acalthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscias of lungs, meninges, peritonaeum, etc..

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RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
A PERMANENT	be stated EXACTLY.
INK-THIS IS	ed. AGE should l
H UNFADING	so that it may hof certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
WRIT	Every item of CAUSE OF D Important. Se

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No..... [if death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from 17 Man 12, 1914, to a that I last saw h malive on Q and that death occurred on the date stated above, at ... The CAUSE OF DEATH \* was as follows: (Ouration) wrs. mos. Contributory ..... (Secondary)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CASSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

Af place of death yrs mos. Z.7 ds.	in the State	yrs	mos.	d
Where was disease confracted, if not at place of death?	••••			 

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

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if more blanks are needed, add ess State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

John Jackson PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX MARRIEO. WIDOWEO, male ORDIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) if LESS fhan 7 AGE 1 day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

13. 17. 13 cm 4

1 PLACE OF DEATH

County Buttimore

Village or City.....





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death —Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Examples:



V. S. No. 1.

	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	1
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	TLY.	
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1 PLAGE OF DEATH	STATE OF MARYLAND
Balling 3625	CERTIFICATE OF DEATH
Gounty January	Registration Dist. No. 32
Village or City Howard rifely	St.; Ward) [if death occurred in a hospital or institution, give its NAME Instead
FULL NAME Kotsul Staffe	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Quigh.	16 DATE OF DEATH Afric 5504, 1914 (Month) (Day) (Year)
male Thin (Write the word)	17 I HEREBY CERTIFY, That Lattended deceased from
BDATE OF BIRTH THE OCTOBER 34, 406	April 20 1914 to April 30 1914
(Month) (Day) Year	that I last saw have alive on fine 24 1914
7 AGE It LESS than	and that death occurred on the date stated above, at 3 a, m,
## yrs. 6 mos. 1 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or	Diptheria
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Ballinon	(Secondary)
10 NAME OF FATHER ROSEAL VALLE OF	(Signed) A Shang Ca Manylon, M. O.
OF FATHER OF FATHER	afric 25, 191 & (Address) Peller ille les
of FATHER (State or country) Balliceur County	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OFFATHER (State or country) Balliceum County  12 MAIDEN NAME Hice Dunt	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Pr. Geo. Co. Uld.	At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant), Party Justan	Former or usual residence
(Address) Humburdnille -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Alexander 11 Hans a Marcher	20 UNDERTAKER ADDRESS
Filed affect 2 5, 191 4 Hury U. May WY REGISTERAR	C. Hugh Pikewell

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crcbrospinat fever (the only definite synonym is "Epidemic cerebrospinai meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Turrerral scottchacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) Bronchonncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:



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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Texas (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3.7  St.; Ward)  St.; Ward)  Goves  St.; Ward of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Single, Married Optioned (Write the word)	16 DATE OF DEATH  April 9, 1914  (Month) (Day) (Year)  17 O I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw her alive on April 7, 1914
about 5-3 yrs. X mos. X ds. OR min.?	and that death occurred on the date stated above, at 730 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	left side
business, or establishment in which employed (or employer)	(Ouration) yrs. I mos. ds.
9 BIRTHPLACE (State or country)	Contributory Lawrence (Secondary)  (Secondary)  (Duration) 2 yrs mos ds.
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Intermant) Albert STALL STALLS	it not at place of death?  Former or  usual residence.
(Address) Ly as. R. Bens on J. 11	POUNDERTAKER  19 PLACE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS

If more blanks are needed, address state Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 1. **3**2

N. B.

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### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

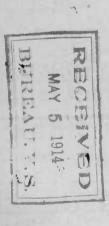
who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coa. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); "Croup"); Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing pratt (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use of ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia

> mus," "Old Age," "Shock." 'Traemia," "Weakness." injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as ctc., when a dcfinite discase can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-(name origin; "Can-"Exhaustion," Never report Examples:

ence. All the data is essential and must be obtained before tions answered in detail, it will-prevent further correspond If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

PLACE OF DEATH 3627	1 2 STATE OF MARYLAND
Batt.	CERTIFICATE OF DEATH
County Selling	71
	Registration Dist. No.
Village or City Volume (No	St.; Ward) [It death occurred in a hospital or institution,
X for I for	give its NAME instead of street and nomber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWSON MARVILLE	16 DATE OF DEATH  (Month)  (Day)  (Year)
© DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Oct. 20 ,845	July 1914, to Cifu 37 1914,
(Month) (Day) (Year)	that I last saw have allve on
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
6 yrs. 6 mos. ds. OR. min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	Lallement by Branche Rung
particular kind of work	
(b) Geoeral nature of Industry, business, or establishment in	(Duration) yrs /P mos ds.
which employed (or employer)  BIRTHPLACE	Contributory Salah
(State or country) / Jacking My	(Secondary) (Deration) 3 0 yrs ds.
10 NAME OF Caff English Jones	(Signed) Q. C. L. S. M. D.
of Father A A A A A A A A A A A A A A A A A A A	Of 30th, 191 f. (Address) W- Jiam La Paule
(State or country) House world	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Account
of Mother Sollar C. Bandoll	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) Salto MM.	ot death yrs ds. State yrs mos ds.
14 THE ABOUT IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mass Luthua O Jones	Former or usual residence
(Address) 908 M. Belington the	19 PLACE OF BURIAL OR REMOVAL GATE OF BURIAL
16 MM	Loudon lack apring 2, 191 4
Filed Class 3. 0, 1914 At Tolleges	20 UNDERTAKER O LA ADDRESS
REGISTRAN	LOS LEOUR VOUS MARRION

State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1. If more blanks are needed, address





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPEBAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_\_ nant neoplasms); Measles; Whooping cough; Chronio ter" is less definite; avoid use of "Tumor" for malk-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing "Dropsy," "Exhaustion," .... (name origin; "Candeath), 29 State cause for





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PHYSICIANS should of OCCUPATION IS

Exact statement

properly classified.

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DEATH in plain terms, so that it m See instructions on back of certificate.

Important.

Every item of information should be CAUSE OF DEATH in plain terms, s

B.

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### 1 PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S1	Ward)

[It death occurred in a hospital or Institution,

	FULL NAME Mr. alraham !	Pata of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Male White (Write the word) Marrie	16 DATE OF DEATH Sol 2/. ,1914 (Year)
E	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from March 30, 1914, to April 34, 1914, that I last saw hamalive on April 34, 1914
7 A	It LESS than   1 day,	and that death occurred on the date stated above, at 2 mm. The CAUSE OF DEATH* was as follows:
(a pa (b bu wi	DECUPATION  1) Trade, profession, or  1ritualar kind of work  ) General nature of industry,  siness, or establishment in  uich employed (or employer)  (State or country)	(Duration) yrs mos ds.  Contributory Cerebroskinal Luies.
ARENTS	10 NAME OF FATHER Moses Kata  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Ouration) 3 yrs mos ds.  (Signed) Our Our Corprier  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
9	13 BIRTHPLACE OF MOTHER (State of country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  MAS  MASS  Tata	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. 22 ds. State yrs. mos. ds  Where was disease contracted, It not at place of death?  Former or usual residence. 22 22 24 24 24 24
16	(Address) 22 n. Ofare St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sebrew Cornelry April , 1914

Tolow

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, who have no occupation whatever, write None. Statement of occupation-Trecise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustiou," For vio-01



PHYSICIANS should of OCCUPATION IS

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### PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

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Padistration	Dist	Ma	4

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead

ADDRESS

	2FULL NAME /// Wrawaw	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Marries	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DA	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from March 30, 1914, to Open 2/, 1914 that I last saw have alive on Open 2/, 191
7 AG		and that death occurred on the date stated above, at
(a) part (b) bush	Trade, protession, or ticular kind of work.  General nature of Industry, ness, or establishment in	(Suicile Suicile Suici
9 811	RTHPLACE (State or country)  10 NAME OF	Contributory Secondary (Duration) yrs mos de
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  State or country)	(Signed) Wellte of Johnson, M. D. Capril 2/, 191 / (Address) Stalegness to peter of State the DISEASE CAUSING DEATH, Or, in deaths from Violen:
PAR	12 MAIDEN NAME OF MOTHER Rachel May	CAUSES, State (1) MEANS OF INJURY, and (2) Whether Accident TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
14 TI	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the ct deathyrsmosds Where was disease contracted, If not at place of death?
(1	(Address) 22 n. Hare Is true	Former or usual residence 22 91. Ware St.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Addies 121 may George Stangard	Nebrew Cernetery , 191

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by vailway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. is very

N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be

See Instructions on back of certificate.

important.

should be stated EXACTLY.

RECORD

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

	Registration Dist. No. 4D
Village or City Carney (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White Single, Married, Widowed, Windowed, Dr. Divorced (Write the word)	16 DATE OF DEATH  Abril 26  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
April 26, 1914  (Month) (Day (Year)	april 26, 1914 to april 26, 1914. that I last saw h allve on Still Bond, 191
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or particular kind of work. (b) General nature of Industry,	Still Bom
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Still Bowl Secondary  (Duration) - yrs - mos - ds.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MANUAL  13 BIRTHPLACE OF FATHER (State or country)	(Signed) Morris 13. Green M. D. Capril 26191 4 (Address) Hamilton Balty
12 MAIDEN NAME OF MOTHER Ly dia W Burlow	V*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and. (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Leonard Livrandall	of deathyrsmosds. Stateyrsmosds  Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Fullerton Bally Co	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Revesting V. S. No. 1.

REGISTRAR



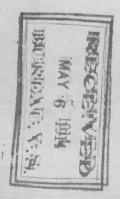
### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for cause. Aiways qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis iess definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of For VIO-



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	PLACE OF DEATH	STATE OF MARYLAND
_	ounty Gello,	CERTIFICATE OF DEATH
G	ounty / M	Registration Dist. No.
٧	illage or City Melaneys & ansey,	St.; Ward) [If death occurred ly a hospital or institution
	0 0. 111	give its NAME Instea
	FULL NAME Colotul Ali	of street and number.]
		WEDICAL CERTIFICATION OF THE PARTY OF THE PA
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3		16 DATE OF DEATH April 14, 1914
76	Quiale white word (Write the word)	(Month) (Day) (Year)  17 I HEREBY CENTIFY, That I attended deceased from
6 D	ATE OF BIRTH	(lhast ist Mil.
	Arol 2/ ,1869	h a
_	(Month) (Day) (Year)	that I last saw her allive on Affril 14 1914
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 30.9 m
	5 4 yrs. 11 mos. 2 4 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Jumouse Strong
	Trade, protession, or ricular kind of work. To ouse owife	3
	General nature of industry, iness, or establishment in	
	ich employed (or employer) A orsewift	ds (Duration) yrs. mos. ds
9 B	IRTHPLACE tate or country) Rally 0.73	(Secondary)
	Gallo Cury	Enlocarletis (Duration) yrs mos 3 ds
	10 NAME OF FATHER	(Signed) A Marshy Erres 4 0
S	Musium Druck	
pers.	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
REN	12 MAIDEN NAME CHUICK 1/2 '11	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PARI	OF MOTHER TO PRILL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	(State or country) Carofil.	ot death yrs mos ds. State yrs mos ds
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
	(Intermant) I flusty	Former or usual residence.
	O Willangin Walley	10 ()
15	(Attoress)	Proposed Holley Okil 17
	Centille on or Claus Inches Could.	20 UNDERTAKER ADDRESS
H	REGISTRAR	Jolest Burns Sons Houson.
	if more blanks are needed, address State Regis trar, 16	





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephrttis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), (Recommendations on statement of "Dropsy," "PUERPERAL schtichac-\_ (name origin; "Candeath), 29 ds.: "Exhaustion," Never report Examples:



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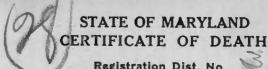
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1 PLACE OF DEATH



	Rogistiation Dist, No
Village or City House (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word) 5 DATE OF BIRTH  (Month) (Day (Year)	16 DATE OF DEATH  Nonth)  Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from that I last saw have alive on the control of the c
TAGE  It LESS than 1 day,hrs. ORmin.?  BOCCUPATION (a) Trade, protession, or particular kind of work Been Brance (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at A m The CAUSE OF DEATH* was as follows:  Tradesculos as A grant of the date stated above, at A m  (Duration) 3 yrs. mos. ds.

Contributory Secondary

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

At place ot death yrs m	108	ds.	In the State	YES	mos.
Where was disease contracte					

Former or usual residence

PLACE OF BURI	AL OR REMOVAL	
Lorrain	e Cemetere	
20 NNPERTAKER		

PHYSICIANS should of OCCUPATION certificate. BIRTHPLACE (State or country) 10 NAME OF FATHER ō back ARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME See Instructions OF MOTHER OF MOTHER (State or country) important. 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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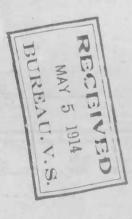
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinai meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of tungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvutar heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Lif death occurred to .....Ward) a hospital or institution, give its NAME instead of street and cumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX MARRIED. WIDOWED, (Month) ORDIVERCED I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw h alive on 19 (Day) (Year) (Month) if LESS than 7 AGE and that death occurred on the date stated above, at .... f day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos, ... Where was disease contracted. if not at place of death?-Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal septichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



S. No. 1.

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PHYSICIANS Should state	of OCCUPATION, Is Very	1
AGE should be stated EXACTLY.	properly classified. Exact statement	
-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS BROUND state	CAUSE OF DEATH in plain terms, so that it may be it	important. See instructions on back of certificate.

3633 1 PLACE OF DEATH County Baltimore



### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
	St.; Ward)  St.; Ward)  The spherical street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)
DATE OF BIRTH  OCX.	that I last aaw have alive on Apr. 27 1914, to Apr. 27 1914, that I last aaw have alive on Apr. 27 1914 and that death occurred on the date stated above, at 4-45 am, The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Mitral monfficiency— Arterio selevoris.  Do not know (Duration) yrs. mos. ds.  Contributory & ndo cardites Secondary
10 NAME OF FATHER August Aruger  11 BIRTHPLACE OF FATHER (State or country) The Service of State or country of	(Signed) S. M. D.  Afr. 29,1914 (Address) This sale md.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homididal.
of Mother Muning Leans  13 BIRTHPLACE OF MOTHER (State or country) Germany  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Address) Stelledale  Filed Ofn 28th, 1914 B. C. Surisch	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  20 UNDERTAKER  ADDRESS
REGISTRAR	1111 (1) (1)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "hamition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Moustes (disease cansing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Plerperal septichae-Never report



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County	City Vigital	3634 Land (No.	3503 X	20 .01	STATE OF MAR ERTIFICATE OF Registration Dist	DEATH
	RSONAL AND STATIST	CAL PARTICULARS			CAL CERTIFICATE OF	DEATH
3 SEX Male	4 color or race	1	ried	16 DATE OF DEATH	Opni (Month)	20,1914 (Day) (Year)
6 DATE OF E	Mer. (Month		1858 (Year)	Marcho that I last saw his	3, 1914, to apri	20, 1914,
GOCCUPATION (a) Trade, profe		7 1	f LESS than day,hrs.	The CAUSE OF DEA	red on the date stated si TH* was as follows:	bove, atm.
particular kind (b) General nat business, or e	of work Oak	bon Leef	es.		(Duration)	yrs. mos. ds.
9 BIRTHPLAC (State or co	ce untry)	)		Contributory (Secondary)	Munior	3
10 NAMI FATI	HER Son	it Know		(Signed)	Carles he	e ds. ds.
State	HPLACE FATHER or country)	of Horor	· ·	*State the DISMAS	E CAUSING DEATH, or, in	deaths from VIOLENT
12 MAID OF I	EN NAME MOTHER  HPLACE OTHER or country)	nt Kun	u-	18 LENGTH OF RESIDENT RESIDENT At place of death yrs	DENCE (FOR HOSPITALS, IN TS)  In the mos ds. State	
(Informant)	E IS TRUE TO THE BES	TOF MY KNOWLEDG	GE FO	Where was disease contract if not at place of death?—— Former or usual residence.———————————————————————————————————	ted,	

(Address) OO OO 15

If more blanks are needed, address State Registrar 6 E. Franklin St., Bako., Requesting V. S. No. 1.



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin

"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

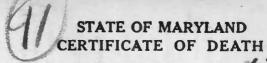


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

2005



Village or City Highlandlown No. 330	CERTIFICATE OF DEATH  Registration Dist. No.   2    St.; Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Color or RACE Saingle, & Single MARRIED, WIDOWED, OR DIVORCED (Write the word)	10 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
7 AGE     1   1   2   3   1   2   3   1   3   4   5   5   5   5   5   5   5   5   5	that I last saw h wallva on complete the control of
© OCCUPATION (a) Trada, profession, or particular kind of work (b) General natura of Industry, business, or establishment in which smployed (or ampleysr)  BIRTHPLACE (State or country)	Brouchs Onennia  (Duration) yrs mos 4 is.  Contributory Jox Energy Secondary
State or country  10 NAME OF FATHER Louis Lack  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Regura Neumeur  13 BIRTHPLACE OF MOTHER Regura Neumeur  (State or country)  13 BIRTHPLACE OF MOTHER Regura Neumeur  (State or country)  14 Paramage	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  3305 Miller St.  Filed Aul 25-1914 Wel Miller Suraling	of daath yrs. mos. ds. Stata yrs. mos. da  Where was diseasa contracted, It not at place of death?  Former or osoai residence.  19 PLACE OF BURIAL OR REMOVAL  PAUL AND LETTAKER & ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The eases, especially in industrial employments, it is necbeen changed or given up on account of the nisease who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL OF HOMICINAL, or as probably such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Naras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-

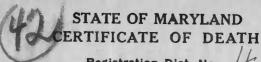


RECORD

A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH



County Baltonial	CERTIFICATE OF DEATH
Village or City Rashelurg (No.	Registration Dist. No
FULL NAME Clara. J. Lar.	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE SINGLE, MARRIED, MONTROED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
March 24, 1875  (Month) (Day (Year)	May 1913, to Upil 26 , 1914
7 AGE (Month) (Dáy (Year)  1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of indostry, business, or establishmenf in which employed (or employer).	Corcurona It teri (huruk Juration) / yrs. 2 mos. ds
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs mos ds
o Harrison	(Signed) Q, Z. Melkinson, M. D 4-27-, 1914 (Address) Rospeling
Def Rather (State or country) Mary and 12 Maiden Name OF MOTHER ROSANNA Stokes	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	Af place of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Informant) ROSANNA ROSVINSON	If not at place of death?  Former or  usual residence
(Address 2009 Eastern Me.	Baltimore Cerneter apl 29th 1914
Filed JAN-28, 1914 15- 4 Clayton	20 UNDERTAKER ADDRESS

· If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





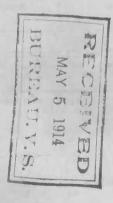
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlou is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligchildbirth or miscarrlage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) (Recommendations on statement of Never report For VIO-



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

See Instructions on back of

of Information DEATH In

CAUSE OF Important. S

N. B.

15

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY. PLACE OF DEATH

3637

BEST OF MY KNOWLEDGE



### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty QUUMMATUZ	Pedistration Dist. No. 5
Vit	liage or City Lugm Gak (No. Lunn) 2FULL NAME Maru & Lau	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ATE OF BIRTH  Afra 25t, 1914	18 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  Pre 10 - 191 4, to 4 - 191 4  that I last saw h & allye on 4 - 191 4
	(201)	and that death occurred on the date stated above, at 5/2/m The CAUSE OF DEATH* was as follows:  Carefuel Human hage
(b) bus wh	orticular kind of work  General nature of industry,  siness, or establishment in  lich employed (or employer)  IRTHPLACE (State or country)	Gontributory Calumo Selliam Secondary
ARENTS	10 NAME OF FATHER OMENIA  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
<u>a</u>	13 BIRTHPLACE OF MOTHER (State of country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mes ds.

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Where was disease contracted.

OF BURIAL OR REMOVAL

BURIAL 27

ADDRESS

If not at place of death?

20 UNDERTAKER

Former or

osual residence

14 THE ABOVE IS



### TANGER REGISTRAL

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated upless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU, Y.S.

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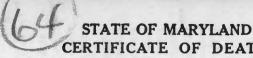
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PLACE OF DEATH



CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in a hospital or lostitution. give its NAME Instead of street and number.] PERSONAL MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED (Write the word) (Month) (Dav (Year) HEREBY CERTIFY, That I 17 attended deceased from DATE OF BIRTH (Month) (Day (Year 7 AGE It LESS than and that death occurred on the date stated 1 day hrs. was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) OF FATHER (State or country) ARENTS \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. 14 THE ABOVE Where was disease contracted. KNOWLEDGE if not at place of death?-Former or usual residence URIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-fication as Day laborer, Farm laborer, Laborer—Coal statement. Never return "Laborer," been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-"Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



See instructions on back of certificate.

important.

N. B.-

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No. 1.

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C	PLACE OF DEATH 3039	STATE OF MARYLAND CERTIFICATE OF DEATH
V	illage or City Highlandton (No. 29)	Registration Dist. No.    Castern Cur. P. Ward   [If death eccurred in a hospital or institution, give its NAME lostead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 × 1	Nale While (Write the word)	(Month) (Day) (Year)
8 D	(Month) (Day) (Year)	that I last saw h alive on ,191
7 A		and that death occurred on the date stated above, at 6 20 nm.  The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION ) Frade, profession, or Retired Farmer ricular kind of work General nature of industry, iness, er establishment in ch employed (er empleyer)	(Duraflen) yrs. mos. 13 ds.
9 81	RTHPLACE tate or country)  Sermany	Contributory (Secondary) / Contributory mes. ds.
TS	10 NAME OF FATHER HENRY Lenzy  11 BIRTHPLACE OF FATHER	(Signed) All (Address) 3 De High Burk
PARENT	(State or country)  12 MAIDEN NAME OF MOTHER	OState the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	Af place In the ef death yrs mos ds. State yrs mos ds.
14 <sub>T</sub>	Intermant) True to the Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence
1 5 File	ed 4/2/1914 & Castera Cu	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS 2017

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative meanthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal scottchaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. accidental, suicidal, or homicidal, or as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



V. S. No. 1.

Filed Offil 13, 1914 marsta

PHYSICIANS should of OCCUPATION IS PHYSICIANS RECORD PERMANENT EXACTLY. classified. UNFADING INK-THIS IS properly AGE certificate. carefully DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH N. B.—Every item CAUSE OF I

Very

Ounty County Cou	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lute 5 SINGLE, MARRIEO, WIDOWED, OR DIVORCEO (Write the word)  DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That A attended deceased from  1913, to  1914,  that I last saw have alive on April 224, 1914
(Month) (Day (Yeár)  If LESS than 1 day,hrs. OR min.?  SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	and that dotte obtained on the date stated about, at
10 NAME OF FATHER Frank Sichte  11 BIRTHPLACE OF FATHER (State or country) Service  (State or country) Service  12 Maiden NAME OF MOTHER OF MOTHER	Contributory Secondary  (Duration)  (Signed)  (Signed)
of Mother Many leaffly  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or
(Address) 71 8 E. Preston 81-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DORRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meungitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras geuital," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee of Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneamonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



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PLACE OF DEATH 3641	STATE OF MARYLAND
County alta	CERTIFICATE OF DEATH
P	Registration Dist. No. 38
Village of City Curavelfet (No. 1)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale white (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH MAD 9, 1849	that last saw h. M. alive on At 2 7 1914
(Month) (Pay) (Yeat) / 7 AGE If LESS than	and that death occurred on the date stated above, A P. 10 4 m.
	The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work was a fractional of work with a fractional of work was a fractional of work with a fractional of work was a fractional of work with a fractional of the fraction	bowels to bourge
(b) General nature of Industry, business, or establishment in which employed (or employer)	Devery ( Ext. ( Duration ) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)  (Deration)  (Deration)  (Decomposition)
FATHER June & Molaughlin	(Signed) INV & Asel , N/O)
11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NIME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDET-TAL, SUICIDAL, OF HOMICIDAL.
of Mother Pordon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE TS, OR RECENT RESIDENTS) At place
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, f oot at place of death?
(Informant) Mas - Wm. Mc Wong Wing.	Former or usual residence
(Address) assurantly Ind	3 allinere Combey Date of Burial Afr. 29, 1914
Filed 4/28, 1914 Claud Smile REGISTRAR	20 UNDERTAKER Sin JADDRESS 1801 & Sugar JA
If more blanks are needed, address State Registrate	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Conrulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 ds. "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Item of information should be carefully supplied. that It may be See Instructions on back of certificate. DEATH in plain terms, so CAUSE OF Important.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

County

Village or City Lea

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

•			187	-	4
9	٤.	,	AA	aı	Q J

[It death occurred in

2FULL NAME Clizabeth	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 DATE OF BIRTH Copil 24, 1904	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  If LESS than 1 day,hrs. OR LEMIN.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trads, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which appeared (constraint)	(Duration) yrs mos ds
which smployed (or employer)  **BIRTHPLACE* (State or country)	Contributory Secondary
10 NAME OF FATHER MULLENT ME LIGHTER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?
(Informant)  (Address)  (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Styling Central Havard Ca Haril 25, 1914  20 UNDERTAKER  ADDRESS  SULLANDERS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. V. S.

N.B



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) tetanus) (Recommendations on statement of may be stated under the head



See instructions on back of certificate.

important.

1

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No.

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	PLACE OF DEATH 3643	STATE OF MA
Co	ounty	Register
v	illage or City Highlandton (No. 320	2 Postes De St; Ward
	FULL NAME Zon va Mage	rouble
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3 5 8	4 COLOR OR RACE STREET MARRIED WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIND THE	16 DATE OF DEATH (Month)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I
/	Dept 25 (Month) (Day) (Year)	that I last saw h A alive on O
7 A C	If LESS than 1 day,hrs.	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:
(b) bus whi	General nature of Industry, Iness, or establishment in Ich employed (or employer)	Contributory Carely a (Secondary)
	10 NAME OF FATHER AND Sheen.	(Signed) (Duration)
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF,
PARE	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS.
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State
147	(Interment) (Interment)	Where was disease contracted, If not at place of death?  Former or usual residence.
16	(Address) 3 202 See 2000 Och	19 PLACE OF BURIAL OR REMOVAL
Fi	18d May - 1914 lele. The Claudion	20 UNDERTAKER
	If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH (Mor	2 9 , 1914 ath) (Day) (Year)
17 I HEREBY CERTIFY.	That I attended deceased from
0 2 7 , 1914, to 0	1 29 1914
that I last saw here allye on	1-1. 29 191
and that death occurred on the date	
The CAUSE OF DEATH* was as folio	ows:
	300000000000000000000000000000000000000
\$ 5 11	
Shorto, of	and partys
(Duration	1)yrsmos/ ds.
Contributory Cerebic	
(Secondary)	1:17
(Duratiq	n)yrsmos2ds
(Signed)	ale un
10.0	and one & OD much &
, 1919 (Address) <u>\$40</u>	A. A. V. M. A.
*State the DISEASE CAUSING DEAT! CAUSES, state (1) MEANS OF INJUESTAL, SUICIDAL, OF HOMICIDAL.	H, or, In deaths from VIOLENT ; and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSE	TALS, INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS)	n the
of death yrs mos ds.	
Where was disease contracted,	
If not at place of death?	
usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Kay US	May 1 , 1914
20 UNDERTAKER	ADDRESS 181-7
	ADDIESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can he ascertained as the LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify ail diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-



UNFADING INK-THIS

PHYSICIANS should state

PERMANENT

AGE should be stated EXACTLY.

of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

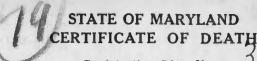
Exact statement of OCCUPATION is very

WRITE

CAUSE OF important.

N. B.

1	PL	ACE	OF	DE	ATH
		200			-



Registration Dist. No .. (No. Reessloren Ra + Rose are St; Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

* PULL NAME / CoSura, 15.	mole,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOMEO, WIDOMEO, OR OIVORCED OR OIVORCED OR OIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  Month  (Month)  (Day)  (Year)	that I last saw h 22 alive on 4 - 10 , 1914
7 AGE  86 yrs. 5 mos. 8 ds. 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work  Nume	Culmonory Gadema
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Germany	(Secondary)  (Duration)  yrs
10 NAME OF Philip / Cline	(Signed) , M. D. 4 ~ 10 , 191 / (Address) Ciscoscies
11 BIRTHPLACE COFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Buburu Celleller  13 BIRTHPLACE OF MOTHER (State or country) Generally	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds. State yrs, mos, ds.
(Informant) The sest of MY KNOWLEDGE  (Informant) The sest of MY KNOWLEDGE	Where was disease contracted, It not at piace of death?  Former or usual residence
(Address) Cellerlorius VCd	19 ALCE OF BURIAL OR REMOVAL CATE, OF BURIAL CATE, OF BURIAL 12, 191.
Filed april 11, 191 4 Havry a, May Wor RECESTRAR	William Ovor Ballo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Who have no occupation whatever, write None. cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3.



	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
	WRIT	SE OF DE
Y. S. No. 1.		B.—Every CAU: Impo
×		z

PHYSICIANS should state of OCCUPATION IS VETY

RECORD

PLACE OF DEATH 3645 Sounty Balto	14 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.

Village or City Hampester Roman	St.; Ward)  [If death occurred lead to see the street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH April 19, 191 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
AGE (Month) (Day) (Year)  (Age   If LESS than   1 day,hrs.	that I last saw h alive on 191 and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Volvular disease gheen (Duration) 3 yrs mos ds.
(State or country) Many land	Contributory (Secondary)  (Deration) yrs mos ds
10 NAME OF Lutley Mailin  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Address) (Address) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Wullicown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant)  (Address)  (Address)  1914 6.6 Fromble M.D.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL PREMOVAL  PATE OF BURIAL  PUNDERTAKED  APDRESS  APDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid féver (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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MAY 4 1914
BURLAU, V.S.

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		should state ON Is very
	RECORD	PHYSICIANS s
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ED	INK	d. AG
RESERV	UNFADING	arefully supplie that it may b certificate.
MARGIN	INLY, WITH	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	PLA	formati FH In Istructi
	WRITE	item of in E OF DEA:
V. B. No. 1.		CAUSE Import
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P		Z

PLACE OF DEATH 3646	STATE OF MARYLAND CERTIFICATE OF DEATH
County Dallo	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Highlandton 32	a morphial of inguitation
* FULL NAME Elizabeth %	hariae Martin give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIEO, ORDIVORGED ORDIVORGED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)
B DATE OF BIRTH March 9 190	17 I HEREBY GERTIFY, That I attended deceased from  18 April 4 1914, to April 5 1914
(Month) (Day) (Year	that I last saw have alive on alive on alive on the
7 AGE If LESS to	and that death occurred on the date stated above, at
6 yrs. mos. 26 ds. ORmin.	The CAUSE OF DEATH * Was as follows:
BOCCUPATION	Duraction
(a) Frade, profession, or particular kind of work.	Sylven from hear
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) X yrs. X mos. ds.
9 BIRTHPLACE (State or country) Back Co	Contributory LOVAL Prelimenta (Secondary),  Out to the Contributory (Buration) X yrs I mos X ds.
10 NAME OF Grederick Martin	(Signed) Jas. L. Orman M. D.
11 BIRTHPLACE OF FATHER (State or country) Balk Cv.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Mary Enabeth Ellis	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Balts City	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Intermant)	usual residence
(Address) 38/8 Flough ST	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FILD Desy 6 . 194 WE. All Clauster	20 UNDERTAKER ADDRESS
REGISTRAS	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
is more blanks are needed, address State Regil	suar, o' a. stankin St., Baito., Kequesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia definite, "Tuberculosis of lungs, meninges, pertionaeum, etc... Carcinosis of lungs, meninges, pertionaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS Stote MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchophicumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



PERMANENT stated EXACTLY. properly classified. should AGE may be of Information DEATH in plair

ATH in plain Instructions

CAUSE OF Important. S

N. B.

PHYSICIANS should state of OCCUPATION is very

RECORD

PLACE OF DEATH 3647

Gounty Dactauore



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.35

St.;....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME William Masimore

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word) Jugle 8 DATE OF BIRTH  (Month) (Day) (Year)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 10 AM April 10, 1914, to april 10, 130 PM 1914, that I last saw h
7 AGE   it LESS than t day,hrs.   or	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	chipacter, my opinion is that the cause of death was owing to asphifica (Duration) yrs
Perthelace (State or country) Mary land,	(Secondary)
11 BIRTHPLACE OF FATHER WILLIAM S. MASHINOTE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 7	(Signed) CALLANTEY OF WEITCHELL M. D.  (Signed) ALLANTEY OF WEITCHELL M. D.  (Signed) ALLANTEY OF WEITCHELL M. D.  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER MAULUS J, Schure  13 BIRTHPLACE OF MOTHER (State or country)  Peurusylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Intermant) Willard & Wasinote	Where was disease contracted, It not at place of death?  Former or usual residence
(Address) 2 (Address) 15	20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scottehacmus," "Old Age," "Shock." genltal," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head 'I raemla," "Weakness," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BUREAU, V.S.

BINDING	
FOR	
RESERVED	
MARGIN	

state SICIANS should RECORD PERMANENT should UNFADING INK supplied. may 9 terms, hould pial 2 WRITE õ Q Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. If death occurred to a hospital or institutico, give its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICUL 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day' 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. .... \_ ds. State ... Where was disease contracted. If not at place of death?-Former or usual residence. DATE OF BURIAL 15 ADDRESS Filed. REGISTRAR

If more bisnks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. mia," "Puenpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of Is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin : "Can-"Exhaustion," Never report Examples:



PERMANENT THIS UNFADING 급 DEATH OF mportant. Every Ite

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO. Write the word Whaten (Month) 7 AGE If LESS than occurred on the date stated above, at .... 1 day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ---9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. .... mos. .. State (State or country Where was disease contracted. if not at place of death?. Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," For persons "Foreman,"

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sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Putereral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) .... (name orlgin; "Can State cause for Examples:



man, (b) Grocery; (a) Foremun, (c) factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without and the second statement of the second statement. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary or At home, and children, not gainfully employed, only (not paid Housekeepers who receive a definite nature of the business or industry, and, therefore, an additional line is provided for the latter statecient, e. g., Farmer or Planter, Physician, Composisingle word or term on the first line will be suffiperson, irrespective of age. For many occupations a the relative healthfulness of various pursuits can be statement of occupation is very important, so that as At school or At home. Care should be taken to salary), may be entered as Housewife, Housework, "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile to know (a) the kind of work, and also (b) the ter, Architect, Locomotive engineer, Civil engineer, indicated thus: Farmer (retired, 6 yrs.). illness. If retired from business, that fact may be CAUSING DEATH, state occupation at beginning of changed or given up on account of the DISTASE report specifically the occupations of persons enborer, Laborer-Coal mine, etc. sons who have no occupation whatever, write None Cook, Housemaid, etc. STATEMENT OF OCCUPATION.—Precise are engaged in the duties of the household in domestic service for wages, as Servant, The question applies to each and every If the occupation has been For per-

Name, first, the DISEASE CAUSING DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tyhhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho pneumonia ("Pneulonia," unqualified, is indefinite); Tuberculosis of

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions, Hæmorrhage, Gastritis, Erystpelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phebitis, Pramia, Septieæmia, Telanus.

The following must be referred to a Coroner:

DeatMAdue5to 1912dent (if criminal negligence possibly involved); Suicides, Homicides, Abortions (if highlighter); Whether Weath is directly or indirectly

Vi	*Hage or City William J. Mill  *FULL NAME William J. Mi	Registered No.  (If death occurred a hospital or institute give its NAME institute of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	tale white or broken (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased in
6 p.	ATE OF BIRTH, 188.3	17 I HEREBY CERTIFY, That I attended deceased in 191 to 191 that I lest saw harmonic alive on 191
TAC	(Month) (Day) (Year)  GE   If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) par (b) busi whi	CCUPATION ) Trade, prefession, or Magon. Druck General nature of industry iness, or establishment in ich employed (or employer) IRTHPLACE tate or country)	Contributory aled on april 9th,
ENTS	10 NAME OF Samuel Mitchell  11 BIRTHPLACE OF FATHER MAL.  (State or country) Md.	(Signed) Lower John Coronia, M. M. Coronia, M. C
PARE	12 MAIDEN NAME Joabella Turner,  13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE.  TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place  In the
	(Informant) Samuel Watehall  (Address) Wilkens are London Park	of death yrs. mos. ds. State yrs, mos. mos. line was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	100 Sprist & J. H. Rules. REGISTRAR	20 UNDERTAKER DILL STORMS



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimateriai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puraperal septichaesepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from (Recommendations on statement of terminal conditions, such as "As-"Dropsy," (name origin; "Can-The nature of the "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BURLAU, V.S.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS PLAINLY, WITH WRITE

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RECORD

1 PLAGE OF DEATH

3652

#### STATE OF MARYLAND

Co	unty Bacto	CERTIFICATE OF DEATH
	11	Registration Dist. No.
Vill	lage or City Parrowsout (No. 6, 1)	Tundle St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
	2FULL NAME Still born i	ufant (6 mo) molenske
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Color or RACE 5 SINGLE, MARRIED, WHOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That A attended deceased from
6 D	ATE OF BIRTH	, 191 , to , 191 ,
	Mr. 2ª 1914	
7 A	(Month) (Day (Year)	that I last saw h
' A	GE If LESS than 1 day hrs.	and that death occurred on the date stated above, at
	yrsmos,ds. OR min. 7	
(a)	CCUPATION ) Trade, protession, or ricular kind of work	Pill bom mfans. (6 ms)
(b) bus	General nature of industry, iness, or establishment in home ich employed (or employer)	(Ouration) yrs. mos. ds.
	(State or country) Spanning our Balto Co	Secondary  Pressyona (Duration) we man de
	10 NAME OF Micholan Moleriski	(Signed) 9 (Signed) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Russia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARI	of Mother Custera Schusko	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEURS
	13 BIRTHPLACE OF MOTHER (State or country) Russia	OR RECENT RESIDENTS) At place of death yrs mos ds.  In the yrs mos ds.
	(Informant) Micholas Mollussia	Where was disease contracted, If not at place of death?————————————————————————————————————
	(Address) Spanows Goint	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	Apr. 3d 1814 4 Mc Comics M.	Doublettaker Adoress

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the .Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection nced not be stated uulcss important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For vio-



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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate. CAUSE OF Important.

Baltimore

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE  1 t LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	also in setua (Ouration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Gentributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signe Address) (Address)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs,
(Informant)	Where was disease contracted, it not at place of death?  Former or usual residence
(Address)  15 Filed Arril 29191 4 REGISTRAR  If more blanks are needed, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  STORY  20 UNDERTAKER  ADDRESS  Franklin St. Palfo Requesting V. S. N.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry; and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puerperal septichacsepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide: Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerpebal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Tacmia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred la .....Ward) a hospital or institution. give Its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) (Month) 7 AGE If LESS than 1 day,.....hrs. was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_ ds. State .... Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 **Filed** 

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health , Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in ..Ward) a hospital or institution, give its NAME instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. ORDIVDRCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industr business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State ..... yrs. ..... yrs. ... \_ mos. .. \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of death? (Informant) Important. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronie interstitial nephritis, sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) by earbolie acid-probably suieide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-aceiis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exiaustion," Never report



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

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Registration	Dist	No	

Village or City Stighlandtonn (No. 38/1 faix ar. st.; Ward)	[If death occurred in a hospital or institution,
	give its NAME Instead
FULL NAME I helma M. Mysr.	of street and number.]

FULL NAME Thelma M.	My sr. give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Hit. Single, windsteen Single or or over the word)	16 DATE OF DEATH Offil. 6, 1914 (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191
7 AGE (SIONER) (Day (Year)  1 day,hrs.  ORmln.?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	Cyanosia
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory(Duration)yrsmosds.
State or country)  Salto Co.  10 NAME OF FATHER Guguet f. My sr.  11 BIRTHPLACE OF FATHER (State or country) 3 alto Co.  12 MAIDEN NAME OF MOTHER OF MOTHER A. 15. 25. 50.	(Signed) (Duration) yrs mos ds.  (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Balto. Co  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mus. Robert. Blackburn	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs, mos ds  Where was disease contracted, if not at place of death? Former or
(Address) 3811 Fait Ovr.  18 Filed Griff, 1914 (126 Al Clausla)  REGISTRACE  REGISTRACE	USUAl residence.  19 PLACE OF BURIAL OR REMOVAL  Schwartzp am April 8, 191 4  20 UNDERTAKER  ADDRESS  403 8 Work

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

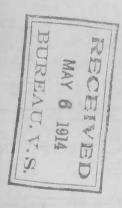


[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without nore precise specistatement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, The

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sareoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The coutributory Always qualify all diseases resulting from Mcasles (discase causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustiou," For VIO-



UNFADING

PHYSICIANS RECORD ERMANENT pinoy AGI aupplied. be may certificate. 0 terms. ahould 6 plain Instructions Information 2 DEATH 0 Every Item CAUSE OF mportant.

ahould

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred in St .: .....Ward) a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SMOLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORD VORCED (Write the word) (Month) (Dav) HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above f day ......hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death \_\_\_\_\_ yrs. .... mos. .. State vrs. Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death?.. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ..... 191 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-'Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial ncphritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very properly classified. Exact statement stated EXACTLY. AGE should be of information should be carefully supplied.

DEATH in plain terms, so that it may be in Sec instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, st Important.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4 25.

St.;Ward)	[If death a hospital or
	private or

occurred in lostitution. give its NAME Instead

	FULL NAME Mrs. Sallie	Mixor of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Married	16 DATE OF DEATH  (Month) (Day (Year)
6 D	ATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from april 6, 1914, to April 9, 1914,
	(Month) (Day (Year)	that I last saw her alive on April 19, 1914
T <sub>A</sub>	7 7 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a	CCUPATION ) Trade, profession, or ricular kind of work	Careman Signand
(b) bus	General nature of Industry, siness, or establishment in Ich employed (or employer)	(Duration) yrs mos ds.
98	(State or country) Braltimore	Contributory Into angle abstractions Secondary Charatter 72ly (Marshan)
	10 NAME OF Lawrence Dianon	(Signed) Lace Library N. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from VIOLENT
PARI	12 MAIDEN NAME OF MOTHER Mary Rafferty	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER & (State or country)  Suland	of RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos ds
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Address V. 3. 1.3. 2 Longbard St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed April 9, 1941 Bu What REGISTRAR	20 UNDERTAKER 14 C Mramaytla ADDRESS  Bon 13 600 517 W Schnauder
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy;" "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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PHYSICIANS

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Zalliman CERTIFICATE OF DEATH Registration Dist. No... Village or City PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1. 45 Am 1 day,....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER DEATH (State or country) of death ..... yrs. .... mos. ... State Where was disease contracted. If not at place of death?. Former or OF mportant. usual residence Every It 15 REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND

Ilt death occurred in

a hospital or lostitution, give Its NAME Instead of street and number. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in iudustrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But iu many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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naut neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal couditions, such as "Asaffectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



PHYSICIANS should state of OCCUPATION is very

stated EXACTLY. |

AGE should be si properly classified.

of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate.

GAUSE OF Important. S

N.B.

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#### STATE OF MARYLAND

County Baltimore	CERTIFICATE OF DEATH
Village or City(No. ST (	Gues Handst. Ward)  [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME BOLY	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tem ale Whit Single, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Montb) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	Chiel 13 1014 10 Opin 13 1014
7 AGE  SCET Bouldayhrs.  yrsmosds. ORmin.?	and that death occurred on the date stated above, at 1.43 pm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	rewature Bir &
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory & Clawfin J Mother Secondary
10 NAME OF Stuar Nixan	(Signed) Houad W Jaw., M. D.
O 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDEAL, OF HOMICIDAL.
of Mother Lucy afel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs. mos. ds. State yrs. mos. ds
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
(Address). Mr Oliver Ceurty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MA Olympha Gyril 6, 191 4
Floof Glin (13 1944 Geo as Survey)	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., nant neoplasms); Measles; Whooping cough; Chronic thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustlon, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Timor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 (Recommendations on statement of State cause for Never report



RECORD

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

#### 1 PLACE OF DEATH

3661

#### STATE OF MARYLAND ERTIFICATE OF DEATH

County Dallinine	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City frarrows Font (No. 137, 2FULL NAME John OLE	Soy Dock Sharty Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	mar 23, 1914, to apr. 5, 1914 that I last saw him allve on apr. 5, 1914
FAGE  SI yrs lumbs nor ds OR min.?  GOCCUPATION (a) Trade, profession, or particular kind of work Son worker,	and that death occurred on the date stated above, at 430 P. m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Browsky - Presser
10 NAME OF FATHER LUCKNOWN  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother lechnocon  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Carrels Breely	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds. State yrs, mos ds  Where was disease contracted, if not at place of death? former or usual residence.
(Address) Sparrows Porter m.).	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS,  DATE OF BURIAL  ADDRESS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synouym is "Epidemic ceretime and causation), using always the same accepted term for the same disease. Statement of cause of death-Name, first, the disease Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastcs (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

McCORMICK, M.D. BUREAU, V.S. MAY 6 1914

SPARROWS POINT

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. properly classified. 4 AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it may be See instructions on back of certificate. B.—Every item of information should be CAUSE OF DEATH in plain terms, so

1 PLACE OF DEATH

County Baltimore



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 S	t.;	·Ward)	

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
FULL NAME Hershell Oston	Kersel Olsew)

PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male_	4 COLOR OR RACE SINCLE, MARRIED, WIOOWED, ORDIVORCED ORDIVORCED (Write the word) Snigle	16 DATE OF DEATH  (Wonth) (Day (Year)
6 DATE OF E	77	17 I HEREBY CERTIFY, That I attended deceased from
		that I last saw h say allow on alkril 30, 1914
7 AGE	(Month) (Day (Year)	
	/ O yrs ds. OR in ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATI (a) Trade, prot particular kind	lession, or	ac Assamtin.
business, or	ature of Industry, establishment in d (or employer)	(Duration) yrs mos ds.
9 BIRTHPLA (State of	ce country) Maryland	Gontributory acute spendi estes (?)
	HER Do stak know	(Signed) (Si
Z OF (Sta	FATHER ate or country) La malkenow.	*State the DISEASE CAUSING DEATH, of in deaths from Violent
W 12 MAIS	DEN NAME MOTHER (7	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUGES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OFN	HPLACE (0 mma (Chert.  HPLACE (10 mma (Chert.  Maryland (10 mma) Maryland (10 mm)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds.
	VE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(informant)		usual residence Funksburg Md.
(Addre	1551 Stestminster Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May	1914 Geoashwark	20 UNDERTAKER ADDRESS
- +	REGISTRAR	M Bengman for Reislindami
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

important.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illadditional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "PUERPERAL etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Bronchopneumonia The contributory (secondary or intereurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under the head (secondary), 10 ds. Never report State cause for septichae-



	state
	should FION is
ORD	SICIANS
REC	PHY:
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
RM	act a
U.	state.
A	be
SIS	ould
H	E sh
IK-	AGI
N.	lied.
ING	supplemay e.
FAD	ully a
S	that
H	be so
W	erms
LY,	ain t
AIN	n pl
P	TH I
RITE	of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate.

WRITE PLAIN

N.B.—Every item of CAUSE OF I

1 PLACE OF DEATH County Bullium



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Village or City Spuis Punt (No. 25, Sun Muy St.; Ward)

[If death occurred to a hospital or institution, give Its NAME Instead of street and number.]

<sup>2</sup> FULL NAME	Cocoaca
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famule Orbita (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
Control (Month) (Day (Year)	that I last saw harmonic alive on 1914.
7 AGE   If LESS than t day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  10 NAME OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Ouration) yrs mos ds.  (Signed) (Address) (M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of Mother Luty Dolrvsky  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Turk & Climbor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
18 Filed for 11 1814 J. (The Commission) BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL  AT Sanislaus Cem. Opr 12, 1914  20 UNDERTAKER  Cornstrory Dany Co Ballo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



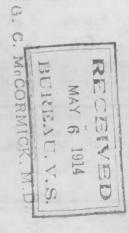
[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples: (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligsepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mere symptoms or terminal conditions, such as "Asture of the American Mcdical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



SPARROWS POINT

W. S. No. 1.

		state
		should state
	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	-THIS IS A	E should be serly classified.
	INK	d. AG
	UNFADING	carefully supplied that it may be certificate.
	WITH	rms, so
)	PLAINLY,	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
)	WRITE	or DEAT
7. B. No. 1.		CAUSE Importan
		zi m

PLACE OF DEATH 3664 County Ballimore Village or City Hillsdale (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 8  St.; Ward)  St.; Ward)  [If death occurred le a hospital or institution, give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Of 197, 1898  (Month) (Day) (Year)	March 15, 1914, to afor. 1, 1914.  that I last saw h. 2. alive on afor 1, 1914.
7 AGE If LESS than t day,hrs. ORmic.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Duration yrs mos ds.
9 BIRTHPLACE (State or country) Ballo	Contributory Amylord degenerate (Secondary)  (Regella (Regella))
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	(Signed) (Si
12 MAIDEN NAME OF MOTHER Quies Walch  13 BIRTHPLACE OF MOTHER (State or country) Ballo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, ds. State yrs, ds.
(Infermant) Secretary (Infermant)	Where was disease contracted, If oot at place of death?  Former or usual residence
(Address) DCS E. Church 80	Toly Concernday Date of BURIAL 20 UNDERTAKED

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

M. Dayle flau

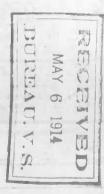


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purnperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of (name origin; "Can-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE

carefully supplied.

See instructions on back of certificate.

important.

Every item of information should be CAUSE OF DEATH in plain terms, s

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DEATH in plain terms.

PHYSICIANS should state of OCCUPATION IS VERY

RECORD

PERMANENT stated EXACTLY.

#### 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

fif death occurred in a hospital or Institution. give its NAME Instead of street and number.]

ADDRESS

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE 5 SINGLE, MARRIEO, WHOOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH april (Month) (Day (Year)
6 D	ATE OF BIRTH 26, 1823 (Month) (Day (Year)	that I last saw h May alive on Car !! 1914
TA	GE 40 16 If LESS than 1 day,	and that death occurred on the date stated above, at
(a pa	CCUPATION ) Trade, profession, or machine kind of work	filmonery by servitor
bus	General nature of industry, ilness, or establishment in ich employed (or employer)	for 8. (Duration) / yrsmosds.
9 B	IRTHPLACE (State or country)	Gontributory Secondary
	10 NAME OF John Que	(Signed) Markin Doan M. D.
RENTS	OF FATHER (State or country) alabama	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARI	12 MAIDEN NAME OF MOTHER OF DOUGLE	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENCE)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs mos ds. State yrs mos ds
	(Interment) Robert Devens	Where was disease contracted, Baltimore If not at place of death?  Former or 32 / 6 Deich Cl. Ball.
	(Address) (Felient)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Balliure Cler Upre/3 1919

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-"Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaecanse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease cansing death), 29 ds.; canse of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as thre of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercnrrent) (Recommendations on statement of Never report



Co	1 PLACE OF DEATH 3666	9	STATE OF MAR CERTIFICATE OF	YLAND DEATH
AI	11age or City-Roland Pet No. 314 2 FULL NAME Robert &d		A	[If death occurred in a hospital or institution, give its NAME instead at street and number.]
===	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
3 SE	1	16 DATE OF DE	(Month)  I HEREBY CERTIFY, That I a	(Day) (Year)
6 D	(Month) (Day), 1906	that I last saw !	1914, to Ofen	24, 191 X
7 AG	Syrs. — ds. OR min.?		DEATH* was as follows:	bove, at Y John,
(a) par	Trade, profession, or ticular kind of work.  General nature of Industry,	Mem	Sylehonia	roop
busi	ness, or establishment in Maryland ch employed (or employer)  RTHPLACE cate or country)  Moaryland	Gontributory (Secondary)	(Duration)	.yrsds.
10	10 NAME OF POST & OWENS	(Signed) 180	aon Jack	ey mos ds.  Of alls Rd
ARENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the I CAUSES, state TAL, SUICIDAL	OISEASE CAUSING DEATH, or, in (1) MEANS OF INJUBY; and, or HOMICIDAL.	(2) Whether Acciden-
۵.	13 BIRTHPLACE OF MOTHER (State or country) Muchegan	At place	mos. ds. State	STITUTIONS, TRANSIENTS,  YIS,
	Informant) Ely M. Johne	If not at place of de Former or usual residence	ath?	
16	(Address) 314 Falls Nd	SI Mary	po Haufden	DATE OF BURIAL
File	REGISTRAR  If more blanks/are needed, address State Registra	29 UNDERTAKE	Jurge Hon 36.	31 yalls Toas
1	II more Dianks are needyd, address State Registra	r, o E. Franklin	st., Barto., Requesting V. S. No	. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purreral septicharby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin: "Can-cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report Examples: For vio-



Co	PLAGE OF DEATH 3667	08)	STATE OF MACERTIFICATE	
V	*FULL NAME COULD HELLY	Paar	St;War	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	M	EDICAL CERTIFICATE	OF DEATH
3 SI	4 COLOR OR RACE SINGLE, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEA	(Month)	(Day) (Year)
6 D	ATE OF BIRTH		U 1914, to C	112 1914
	(Month) (Day) (Year)		CALA alive on CEL	1 2 1914
TAG			curred on the date state DEATH* was as follows:	d above, at 576 Pm.
(a) par	Trade, profession, or ticular kind of work Baku	Dubru	ulsijle	eti Pulmany.
busi	General nature of industry, ness, or establishment in ch employed (or employer)	***************************************	(Duration)	yrsds.
	RTH PLACE (ate or country) Bally d	Contributory (Secondary)		yrsds.
S	10 NAME OF FATHER Newsy Paar	(Signed)	nux of Du 1914 (Address Plex	M. D.
ARENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME		BEASE CAUSING DEATH, OF 1) MEANS OF INJURY: 80	deaths from VIOLENT (2) whether ACCIDEN-
PA	OF MOTHER Cultium paler	18 LENGTH OF RE OR RECENT RESI	ESIDENCE (FOR HOSPITALS	. Institutions, Transients,
	OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease co		yrs, ds,
(	Informact) Unkerrour	usual residence	RIAL OR REMOVAL	DATE OF BURIAL
16 Fik	a While 2 1914 F. Hahl.	20010	mel.	April 191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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#### RECORD PERMANENT NRITE

Very OCCUPATION properly supplied. pe may ŏ back terms. plain instructions = I DEAT OF Important. 14 Every m ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Village or City. .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, SEX 4 COLOR OR RACE WIDOWED, (Month) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or (b) General nature of Industry, business, or establishment in which employed (or employer) -----State or country) (Secondary) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country Where was disease contracted. 15 Filed.

peeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

fit death occurred in

a hospital or lostitution.

give its NAME instead of street and number. ]



[Approved by U. S. Censns and American Public Health
Association.]

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BINDING	
TOR	
RESERVED	
MARGIN	

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. may be properly classified. should UNFADING INK-THIS AGE carefully supplied. WRITE PLAINLY, WITH See instructions on back DEATH in plain terms, should Information ō OF Important. Every It

PAREN

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Mashingtono, Par 2FULL NAME Autanagus	Registration Dist. No. ——————————————————————————————————
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDDWEO, OR DIVORCED (Write the word)	(Month) (Day (Year)  Thereby Certify, That A attended deceased from
ODATE OF BIRTH  (MORD)  (Day  (Year)  TAGE	that I last saw he allye on to pril 2 191
yrs mos ds. Or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Bracko Preumme
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos / y ds
(State or country) Balt Ce Jud	Contributory Secondary  (Doration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)	(Signed) All Miless) Markel Rent M. D.  *State the DISEASE CAUSING DEATH, OF, in deaths from Violence

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

H	OR RECENT RESIDENCE (FOR MOSPITALS, INST	ITUTIONS, TRANSIENTS
1	At place In the	
ľ	ot death yrs mos ds. State )	rs ds

If not at place of death?

BURIAL

Former or usual residence.

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11.1 1	100 10
Hara No La	apr
Haly Redelmer	
20 HALPERTAKER	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

15 REGISTRAR

No. 72

m.

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[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: causing neath, state occupation at beginning of illbeen changed or given up on account of the msease of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing death—(the primary affection with respect to thme and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only-definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

4 15

UNFADING INK-THIS

WRITE PLAINLY, WITH

DEATH in plain terms, so that it me See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

County Dallinson	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Surrows Home	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH  (Month)  (Day)  (Year)	Mend the hold of headers that I last saw h allow on 191
PAGE    If LESS than t day,hrs. or min.?	and that death occurred on the date stated above, at // Pm.  The CAUSE OF DEATH* was as follows:  One of the cause of the
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  Perturbase (State or country)	(Ouration) Pres. mos. ds.  Contributory (Secondary)
on 11 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (S
OF FATHER (State or country) Frat Intline  2 (State or country) Frat Intline  2 MAIDEN NAME OF MOTHER M. Muchbauge	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Informant) O Small	If not at place of death?  Former or usual residence
16 File Opr 30 th 9. (McComjesc)	Dethilly am Pa Date of Burial  20 UNDERTAKER  ADDRÉSS  ADDRÉSS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of liibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock." "Traemla," "Weakness," valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childhirth or miscarriage. as "Puerperal scptichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merciz symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "AF Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant ncopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_\_ (name origin; "Can State cause for Examples:



Gounty Balluners	STATE OF MARYLAND CERTIFICATE OF DEATH
$\rho$	Registered No.  [It death occurred in a hotostal or institution, give its MAME instead of street and number.]
* FULL NAME COMMAN. II	asen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SHELE, WILDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
(Month) (Day) (Year)	that I last saw her alive on Open I f. 1914
AGE 70 yrs. 2 mos. 12 ds. OR	and that death occurred on the date stated above, at 2.45 m.  The CAUSE OF DEATH* was as follows:
COCUPATION (a) Irade, protession, or particular kind of work	Brocks Brewnon  (Buration) yrs. mos. 2 cs.  (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Deration) yrs mos ds.  (Signed) (Maddress) (D > 2 Works of M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the ot death yrs, mos ds.
(Informant) ASSESSED THE REST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
Filed Maril 15, 191 4 M. Form Registrar	Drued Ridge DATE OF BURIAL  20 UNDERTAKER , ADDRESS T
If more thanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. Na. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the

Statement of cause of death—Name, first, the diskase causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Potioned such, if impossible to determine definitely. LENT DEATHS State MIANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purspersal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for Examples:



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		should FION IS
2	RECORD	PHYSICIANS of OCCUPAT
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
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	RITE	of It

CAUSE OF Important.

N. B.

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V. S. No. 1.

PLACE OF DEATH 3672 County Baltimore Village or City Joevson (No. 1900)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale White (Write the word)	16 DATE OF DEATH OF CIL 20 , 1914.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH  ** Mar. 3 = 18 70, 1  (Month) (Day (Year)	apr. 6 1914 to apr. 20 1914
7 AGE   If LESS tha 1 day,hrs   ORmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Pulmonary  Juber Duelous  Home on the (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Bultimore	Gontributory Secondary
10 NAME OF FATHER Felix Reid  11 BIRTHPLACE OF FATHER	(Signed) Nortin Flore M. D. 4-20-191 4 (Address) Endowood Says
2 OF FATHER (State or country) Alabama  12 MAIDEN NAME OF MOTHER CACRLES Collegion	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) M. Caralina  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place of death yrs mos / ds. State yrs mos ds Where was disease confracted,
THE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	If not at place of death?

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertalned as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report For vio-



UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

See instructions on back of certificate,

important.

AGE

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH

Every item of information should be CAUSE OF DEATH in plain terms, s

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DEATH in plain terms,

#### 1 PLACE OF DEATH

Baltimore

3673



#### STATE OF MARYLAND CERTIFICATE OF DEATH,

OUTILY and a defeated but defeated by a bet a feet of a section of the section of	Registration Dist. No.
Village or City St. agrees Trospertal	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORDIVERCED (Write the word) Hidowe	18 DATE OF DEATH  (Month) (Day (Year)
(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  191 / to pril 2/, 191 /, that I Jast saw h Mailve on phil 2/, 191 //
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 1. 30 fr.m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or Patrolunau (Petured) (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Baltunore	(Duration) Pyrs. mos ds.  Contributory Acuta Substation of Overall Secondary
11 BIRTHPLACE OF FATHER  Michael Reynolds  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed) Weller Address) Agric Ovofital  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2): whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mr. George Reynolds  (Address) / 2 2 2 Halling St	of death yrs. mos. 2 ds. State yrs. mos. ds  Where was disease contracted,  If not at place of death?  Former or usual residence. 4 20 A Faculty  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Al 10 21 ml Grant &	St. Peters bemetry april , 1914

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



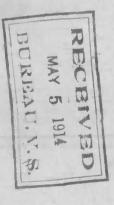


[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired neither same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puenpenal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con Bronchopneumonta (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



PHYSICIANS should state

RECORD

PERMANENT

so that it may be properly classifled. Exact statement of OCCUPATION is very

should be stated EXACTLY.

AGE

carefully supplied.

See Instructions on back of certificate.

-Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

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3674

PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Village or City Edgemer (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jen 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingle Widowsto, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 1 HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	that I last saw her alive on apr 9 ,1914
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 4 a.m., The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Butero Coletia  (Duration) - yrs mos. 3 ds.
*BIRTHPLACE (State or country Agemer Balto &	Secondary Mest Harmonhage Secondary (Opration)
OF FATHER (State or country)  11 NAME OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER (STATE OF MOTHER OT MOTHER OF MOTHER OT	(Signed) (Address) Sparraus out  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds
(Informant) Ode " a. Robinson fr	Where was disease contracted, it not at place of death?  Former or osoal residence
(Address) Edgemen, Balto Co.  15 Filed Pr. 11, 1914 G. M. Lormion M.	19 PLACE OF BURIAL OR REMOVAL  Mt. Cornul. Cew. 6pr 12, 1914  20 UNDERTAKER  ADDRESS  Balts.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Consus and American Public Health Association.]

material worked ou may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal poritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maraseause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



BINDING	
FOR	
RESERVED	
MARGIN	

V. S. No. 1.

PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT stated EXACTLY. may be properly classified. 4 UNFADING INK-THIS IS should AGE so that it may be certificate. ō WRITE PLAINLY, WITH item of information should be C OF DEATH in plain terms, so ant. See instructions on back o CAUSE OF I N. B.-

14 THE ABOVE IS TRUE

(Address)

(Informant) -

15

	1 PLACE OF DEATH 3675	STATE OF MARYLAND CERTIFICATE OF DEATH
	lage or City Rossville (No	Registration Dist. No. 43  [If death occurred in a hospital or institution,
	FULL NAME John In. Ros	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ale 4 COLOR OR RACE 5 SINGLE, MARRIED, MODOWED, WIDOWED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  July 12, 1872  (Month) (Day (Year)	that I last saw h un alive on a flui ( 1914.
7 A		and that death occurred on the date stated above, at
(a)	OCCUPATION OF Trade, profession, or Habbrer Citicular kind of work Habbrer	Vilinovay Subliculas;
bus	General nature of industry, iness, or establishment in Sewery ch employed (or employer)	(Duration) yrs. (mos. ds.
981	RTHPLACE (State or country) Mary Cand	Contributory Secondary
	10 NAME OF INKNOWN	(Signed) (Outailus) yrs mos os.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL
PARE	12 MAIDEN NAME OF MOTHER WASHINGTON	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds

At place	In the		
of death yrs mos ds.	State	yrs.	mos.
Where was disease contracted.			
If not at place of death?			

19 PLACE OF BUR	HAL OR REMOVAL	DATE OF BURIAL
It Cetri	Cometen	all 5 Th

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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REGISTRAR

usual residence.



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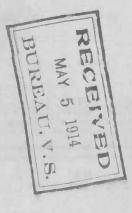
### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For VIO-



7 . SICIANS shoul RECORD PERMANENT INK 50 Instructions DEATH PO CAUSE OF

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred le PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. MARRIED, WIDOWED. (Month) (Day Write the word DATE OF BIRTH (Month) (Day (Year)

a hospital or lostitution. give its NAME lostead of street and number.] 3 SEX (Year) I HEREBY CERTIFY. That I attended deceased from TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. ---min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry. business, or establishment in (Duration) which employed (or employer) -----State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191 4 (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place in the OF MOTHER (State or country) of death \_ \_\_\_\_ YTS. \_\_\_\_ mos. \_\_\_ ds. State .... Where was disease contracted. If not at place of death? Former or osual residence DATE OF BURIA 15 ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No.



#### 3

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—It respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," vatvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state DEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronie by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. V. B.



Causty Balto	CERTIFICATE OF DEATH
Village or City Highlandlem No. 340,1	Mystle (St.; Ward)  [if death occurred is a hospital or institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Male Shingle, Misower, Wisower, Orbiverco (Write the word)	(Month) (Day) (Year)  (Martin of Death (Year)  (Month) (Day) (Year)
G DATE OF BIRTH  (Month)  (Day)  (Year)	March 164, 191 4, to aferil 30, 1914, that I last saw h in all ve on aferil 39
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work.  (b) General nature of Industry.	Lukrouliers of Lucy
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Mussons ds. (Secondary)
10 NAME OF Clos Santner	(Signed) (Boration) yrs mes ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENCE) A1 place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
Informant; Jerusce Santher  2 11 2 1 Pl	If not at place of death?  Former or esual residence.
Filed May 2, 1914 U.E. M. Canadian REGISTRATE	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS 2016
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indishould be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) injury, as fracture of skuil, and consequences (e. g., childbirth or miscarriage, as "Pursperal septichaecause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical cheration was undertaken. mia," "PUERPIBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis -Kart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Con mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chrowic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



PERMANENT RECORD

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UNFADING INK-THIS

WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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Gounty County	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City No. (No. (No. (No. (No. (No. (No. (No.	St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 4.	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw han alive on
7 AGE  If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or Heese particular kind of work	Cleps
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. \( \text{mos.} \) ds.
9 BIRTHPLACE (State or country) Way Cauce	Contributory (Secondary)  (Duration) yrs mos ds,
10 NAME OF FATHER PASSED Clickta	(Signed) . M. D.
OF FATHER (State for country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) Whether ACCEPT
12 MAIDEN NAME OF MOTHER WAY NOW AND 13 BIRTHPLACE	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
OF MOTHER (State or country)  14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?
(Informant) Mar Waste	Former or usual residence.
(Address) (Address) (Address) (Address) (Address)	Stuffwares DATE OF BURIAL 1914
File Graf 30, 1914 WE TWO LAWS LAWS REGISTRAN	Trank Eveckfoler 1904-6 bellard

if more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

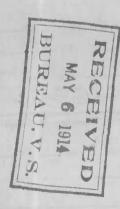


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal Icver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid Icver (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonacum, etc.. Carcin-

scosis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage. as "Tuerperal scottchacetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State "MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary). 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock." "Traemia," "Weakness," Always qualify all discases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Never report Examples:



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
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	PLACE OF DEATH 3678  County Baltim	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
	Village or City Calmerice (No. 58 )	of the best of the second
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male While Solve (Write the word)	(Month) (Day (Year)
	February 1839 (Month) (Day (Year)	that I last saw h translive on Coffee 1 1914
	73 - yrs 2 mos 6 ds OR min. ?	and that death occurred on the date stated above, at 11.45 Q, m. The CAUSE OF DEATH* was as follows:
	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Task sticks was be april 2 2 / 4/4  (Duration) 4 yrs mos - ds.
Certificate.	State or country) Maryland Balli Co  10 NAME OF FATHER OF COUNTRY	Contributory Enhance Secondary  (Duration) yrs mos 5 ds.

...., 191/4. (Address). \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place State 75 yrs. 2 mos. 6 ds Where was disease contracted. If not at place of death? DATE OF BURIAL 20 UNDERTAKER

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

PARENTS

16



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU. V.S.

UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

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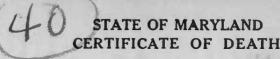
V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very statement stated EXACTLY. properly classified. Exact AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of information should be Every Item CAUSE OF Important.

RECORD

PERMANENT

2640



Rotting	CERTIFICATE OF DEATH
VIIIage or City Caulon (No. 3667, 2FULL NAME auna Cathorine	Registration Dist. No.  St.; Ward)  [It death occurred in a hospital or Institution, give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruite. White (Street, Muricel) Morried (Write the word)	18 DATE OF DEATH April 25, 1914 (Month) (Day (Year)
DATE OF BIRTH  (Month)  (Day  (Year)	that I last aaw her allve on a first 24. 1914.
7 AGE It LESS than f day,hrs. OR min.?	and that death occurred on the date stated above, at JUSQ: m. The CAUSE OF DEATH* was as follows:  Courses of Plonesch
8 OCCUPATION (a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Sequences	Contributory Anaustini Secondary  (Duration) yrs mos 3 ds
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  (State or country)	(Signed)
of Mother Clipabeth Book  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 CLIPACE (Informant)  15 CLIPACE  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) 3668 6 Donnell St.	19 PLACE OF BURIAL OR REMOVAL  12 Evangelical Com april 8, 191.4  29 UNDERTAKEN  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAN D. H. Jander Hous





[Approved by U. S. Census and American Públic Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers\_ mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; For many occupations a single word or term on the ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephrilis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal seplichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viosepsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion,"



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A	cm of information should be carefully supplied. AGE should be a	

PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICU	County Palhimme 3680	STATE OF MARYLAND CERTIFICATE OF DEATH
SEX ACOLOR PRACE SINGLE. SINGLE. SARRIED. Luigly (Month) (Day) (Year)  **ARRIED SINGLE SARRIED SUBJECT (Write the word)  **OATE OF BIRTH  **MORE 3/ 1914 to Price 1915 1915 1915 1915 1915 1915 1915 191	Village or City They Wantley (No. 35)	o 5 Sugalling St.; Ward) [If death occurred le a hospital or Institution, give lis NAME Instead
SEX  Mall Crhite ANATHED WARTHED LUNGY  MARKET WOOD CONTINUES TO MAKE (Write the word)  DATE OF BIRTH  Mare 2 / (Year)  TAGE  Month) (Day) (Tear)  The CAUSE OF DEATH CANNER AND MAKE (Secondary)  The CAUSE OF DEATH Was as follows:  The CAUSE OF DEATH (Month) (Day) (Year)  The CAUSE OF DEATH Was as follows:  The CAUSE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**State of BIRTH March (Nonth) (Dat) (Pear)  TAGE  **INTERNATION** (a) Trade, profession, or particular that of work (a) Trade, profession, or particular that of work (b) General nature of Industry.  **BOCCUPATION** (a) Trade, profession, or particular that of work (b) General nature of Industry. (b) General nature of Industry.  **BORTHPLACE** (b) Trade of work (c) Trade of work (c) General nature of Industry.  **State or Country)  **PATHER**  **State or Country  **State or Country  **State or Country  **State (1) MEANS OF LINUTRY; and (2) Whether Accident Talk (National) (Signed)  **State the DISEASE CAUSING DEATH, or, in deaths from Violant Causes, state (1) MEANS OF INJURY; and (2) Whether Accident Talk (National) (State or Country)  **State the DISEASE CAUSING DEATH, or, in deaths from Violant Talk (National)	SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WISOMED.	(Month) (Day) (Year)
**Signed** OF DEATH** was as follows:  **OCCUPATION** (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer)  **PRINTHPLACE** (State or country)  **TO NAME OF FATHER Place** (State or country)  **TO NAME OF PATHER PLACE** (Signed)  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or INDICIDAL.  **TO NAME OF PATHER PLACE** (Signed)  **TO NAME OF PATHER PLACE** (Signed)  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or INDICIDAL.  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or INDICIDAL.  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or INDICIDAL.  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or INDICIDAL.  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or INDICIDAL.  **State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SU	March 27, 191	4 March 27, 1914 to april 18, 1914
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)  PRINTHPLACE (State or country)  10 NAME OF FATHER Place (State or country)  OF FATHER Place (State or country)  11 BIRTHPLACE (State or country)  OF FATHER OF COUNTRY  OF FATHER OF COUNTRY  12 MAIDEN NAME OF COUNTRY  13 BIRTHPLACE (State or country)  13 BIRTHPLACE (State or country)  OF MOTHER OF COUNTRY  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Files Chil. 2 1314  PREDISTRAR  REGISTRAR  REGISTRAR  ADDRESS  FILES  FILE	23 1 day,	hrs. The CAUSE OF DEATH* was as follows:
Signed Signed State of Country Saltanes  11 BIRTHPLACE OF FATHER (State of Country) Saltanes  12 MAIDEN NAME OF MOTHER SHAPE OF MUSIC State of Country) Saltanes  13 BIRTHPLACE OF MOTHER (State of Country) Saltanes  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Saltanes  (Address) 3205 Mayth Place (Address) Saltanes  (Address) Saltanes  (Address) Saltanes  (Address) Saltanes  (Address) Saltanes  (Address) Saltanes  (Signed) (Address) Saltanes  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Sacred Heart Causes  20 UNDERTAKER  ADDRESS  40 3 8 Mother Saltanes  Address Salta	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)  PRIRTHPLACE (State or country)  Manyfaucl	(Secondary)
OF RECENT RESIDENTS) At place OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  15  Files Chil.  13 BIRTHPLACE OF RECENT RESIDENTS) At place of death Trs. mos. ds. State Trs. mos. ds.  Where was disease contracted, If not at place of death? Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Address  Address  Files Chil.  19 PLACE OF BURIAL OR REMOVAL  Address	FATHER Thury Value	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
(Address) 3205 mystle Place  (Address) 3205 mystle Place  19 PLACE OF BURIAL OR REMOVAL  Sacred Heart Con April 19, 191 4  Filed Chil 19, 1914 WE Me Character Address  REGISTRAR M. July 20 July 40 3 8 Notes	13 BIRTHPLACE OF MOTHER (State or country) Pallmin	At place le the of death
REGISTRAR MA July & July 403 & Noll	(Informant) Heury Schuck  (Address) 3205 Mystle Place  15	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Sacred Heart Com Opining, 191 4
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	REGISTRAF	21000





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) etc. (name origin; "Can-State cause for Examples:



	PLACE OF DEATH	STATE OF MARYLAND
	Ballimors	CERTIFICATE OF DEATH
C	ounty	1
	1/ 00 10	Registered No.
,	Village or City Highlandlowy (No. 3724)	La dombare St; Ward) [If death occurred in
-	(110,	st; ward) a hospital or Institution,
	( ) and he Dented	of street and number.]
	FULL NAME	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 g	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH ADS S S S SILL
3	Browle 3 C. A WIDOWED,	(Month) (Day) (Year)
0	ORDIVORCED (Write the word)	17 I HEREBY CERTIFY. That I attended deceased from
8 [	PATE OF BIRTH A 1 5100 31 510	march 17, 191 Ef 10 Fril 35 191 4
	1846	that I last saw h & allve on Fre 24 1914
	(Month) (Day) (Year)	that I last saw h alive on
TA	GE If LESS than	and that death occurred on the date stated above, at // m,
	65 yrs. 5 mos. 25 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 -	CCUPATION	Q 7 10 10 1 1
	1) Trade, profession, or	Shersina rephrils
	rticular kind of work	V
	General nature of Industry, strass, or establishment in	(Durotion) / was man do
wi	ich employed (or empioyer)	(Duration) vrs. mos ds.
9 8	STATE OF COUNTRY)	(Secondary)
16	state of country)	(Duration) yrs mos 3 ds
	10 NAME OF A	Favore Court
	FATHER Consad modernight	(Signed), M. D.
S	11 BIRTHPLACE	11/20 ,1914 (Address) 4/3 n. Washington
N	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
RE	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	OF MOTHER Elizabeth Bruker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mcs ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Dan 12 Mantes	If not at place of death?
	(Informant)	usual residence
	3724 C. Forward	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	13 alta 60000 (181 18
	(11:128 11 (186 All Paralle	20 UNDERTAKER ADDRESS FOLK
R	REGISTARY	That Herris Con Jole
		Harry strong Celeans
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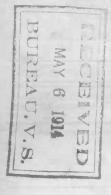
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perstonaeum, etc.. Carcinologies of lungs, meninges, perstonaeum, etc..

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of childbirth or miscarriage, as "PUEBPERAL scptichacture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. mere symptoms or terminal conditions, such as "As-Bronchopneumonia-(secondary), 10 ds. Never report nant neoplasms) : Measics; Whooping cough: Chronic oma. Sarcoma, etc., of . The contributory (secondary or intercurrent) "Old Age." "Shock," "Uraemia." "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



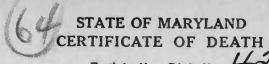
PHYSICIANS should state of OCCUPATION IS VERY

stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of Information should be carefully su CAUSE OF DEATH in plain terms, so that It m Important. See instructions on back of certificate. S. No. 1. N. B.

1 PLACE OF DEATH	51		8	6
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County	13 a	eto.	
- Cullty	A Second Contract Con		 *********



County Balts	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City A. A. g. res Lynd Setal.  2FULL NAME Mrs. Elizabeth	St.; Ward)  St.; Ward)  Shibles  St.; Ward)  Shibles  St.; Ward)  St.; If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fernale Hite (Write the word) Married	16 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY GERTIFY, That Lattended deceased from
Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from  April 5, 1914, to April 9, 1914, that I last saw here alive on April 9, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work.  Sometimes of the control of the	<u>Opopliral</u>
(b) General nature of industry, business, or establishmont in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Oldrina Hyungs
10 NAME OF FATHER John Martin	(Signed) Walter J. California M. D.
OF FATHER (State or country) Ireland  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ouma	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence 7.3 / & Preston SL
(Address) 73 & Preston St	Paltimore Cerntery 20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  ADDRESS
Filed Ofine 9, 191 4 Quelle Marsalt REGISTRAR	Wood Cools Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia;"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

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STATE OF MARYLAND





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the sucb, if Impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "Purrerral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Mcastes (disease causing death), 29 da.; "Contributory." dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Ilcart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maile oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile." etc.), (Recommendations on statement of "Dropsy," (name origin : "Can "Exhaustion," Examples: cause for

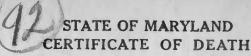
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

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1 PLACE OF DEATH

County Batto



Registration	Diet	No	33
registration	DIST.	NO	***********

	Registration Dist. No. 3-3
Village or Cityhear Revaluation 11. 2FULL NAME John # 80	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while the word)  Att of Birth  Acolor or race  5 single, Married, Widowed  or Divorced  (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191 4, to 6, 191 4,
(Month) (Day (Year)  (AGE (Month) (Day (Year)  (Year)	that I last saw h alive on 191 y and that death occurred on the date stated above, at m. The GAUSE OF DEATH was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employar)  BIRTHPLACE (State or country) Ballo (or Mod.)	(Ouration) yrs. mos 3 ds.  Contributory Exposure Secondary
11 BIRTHPLACE OF FATHER OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) yrs mos of ds.  (Address) of location or in deaths from Violent actions.  *State the Disease Causing Death, or, in deaths from Violent actions.  Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Batto Con Ad THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
(Address) Reishwater Md	Former or usual residence.  19 BLACE OF BURIAL OR REMOVAL  M Ount lemaly afrail 20, 1914.  20 UNDERTAKER  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 . Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agetion is very Important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of lilof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuborculesis of lungs, meninges, peritonaeum, etc., Carcin-

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13 BIRTHPLACE OF MOTHER (State or country)

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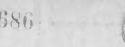
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County Baltimere





#### STATE OF MARYLAND CERTIFICATE OF DEATH

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Village or City Conscloure (No.		- L a
FULL NAME DURA	71	Sparro
PERSONAL AND STATISTICAL PARTICULARS		ME

[It death occorred in a hospital or institution, give its NAME instead of street and number.]

AME 200 CM	9/12000-
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE MARRIED, MARRIED, WEGOWED, OR DEPORTED OR DEPORTED	18 DATE OF DEATH CAPIL 23, 1914  (Month) (Day (Year)
(Write the word)	17 I HEREBY GERTIFY, That I attended deceased from 26 22, 1914,
Month) (Day (Year)	that I last saw held alive on after 23, 191
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0 yrs // mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
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istry, nt In Home Duttes.	(Duration) yrs. Z mos. ds.
Vinginia.	Contributory Secondary  (Doration) yts mos ds.
· Clement "	(Signed) Thanh 7 Bull M.D.
entry) Vyjinia	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
intry) curker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
UE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, It not at place of death?
luce spannor	Former or usual residence
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4191 4 7. ) A Paule.	20 UNDERTAKER ADDRESS
/ REGISTRAR	trar, 6 L. Franklin St., Batte, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]

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If more blanks are needed, address State Registrar.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (a) the kind of work and also (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for death), 29



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [It death occurred in .....Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTIC 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCE BIRTH Z (Day

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If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ULARS	MEDICAL CERTIFICATE OF DEATH		
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6,1869			
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1.6	(Signed) J. / Carr / an mc M. D.		
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o my.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
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OWLEDGE	Where was disease contracted, If not at place ot death?		
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	20 UNDERTAKER ADDRESS		





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

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#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. It death occurred in St: Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH 850 that I last saw han alive on ..... (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above at 3, 20 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory ..... 9 BIRTHPLACE (Secondary) (State or country) (Boration) 10 NAME OF FATHER 11. 19, 191 L. (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, .... State or country Where was disease contracted, If not at place of death?..... Former or usual residence. (Address) 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—It respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX MARRIEDAL WIDOWED. (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE t day, .... hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OFFATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY OERTIFY, That I attended deceased from and that death occurred on the date stated above, at ...... (Address) Le deservoir \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the of death ...... yrs. mos. ..... ds. State ..... yrs. Where was disease contracted. If not at place of death? seen erranch Cerrely 20 UNDERTAKER ADDRESS

usual residence. PLACE OF BURIAL OR REMOVAL

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[Approved by U. S. Census and American Public Health
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(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin

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1 PLACE OF DEATH 3690	STATE OF MARYLAND			
County Ballo,	CERTIFICATE OF DEATH			
	Los A Registered No.			
Village or City M. Roland Jackno. 30 2 Falls Kong St; Ward)  [If death occurred in a hospital or institution give its MAME instead of street and number.]				
FULL NAME TOSEPHO	emacuosog			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
May White the word)  4 COLOR OR RACE  MARRIED  Marrief  MODER  MO	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That Lattended deceased from			
6 DATE OF BIRTH Mar, 13,860	Mp. 20, 1914, to April 28, 1914, that I last saw h 1 allyeon april 28, 1914			
(Month) (Day) (Year)  7 AGE   If LESS than   1 day,hrs.	and that death occurred on the date stated above, at 5-30 %, m, The CAUSE OF DEATH* was as follows:			
S occupation (a) Trade, profession, or particular kind of work	Bun ch Julimona			
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) — yrs. — mos. 3 ds.			
State or country) Balte On My	Contributory (Secondary)  (Secondary)  (Diration yrs mos ds.			
10 NAME OF FATHER JUSTIPH. Underwood	(Signed) M. J. Stand Park Mr. D. Address) Roland Park Mr.			
State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN N	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the			
OF MOTHER (State or country)  14 THE ABOUT IS TRUE TO THE SEST OF MY KNOWLYDGE	of death yrs mos ds. State yrs mos ds. where was disease contracted, if not at place of death?			
(Informant) Survey Mullius (Address) 302 Fally Road	Former or USUAL PESIDENCE.  19 FACE OF BURIAL OR REMOVAL / JATE & BURIAL			
16 Filed April 29,191 U M. Pule REGISTRAR	30 UNDERTRICKED SOUTH. ADDRESS			
If more blanks are deeded, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.				





[Approved by U. S. Census and American Public Health
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cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the control of

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified. should be

AGE

carefully supplied. may be

-Every item of information should be

that It

See instructions on back of certificate.

DEATH in pialn terms,

CAUSE OF Important,

N.B.

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Cautonew yard P13

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in a hospital or lostitution.

	FULL NAME Dinkn	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	When with the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I sttended deceased from
6 DA	TE OF BIRTH Panknown	, 191, to, 191,
7 AG	(Month) (Day (Year)	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH * was as follows:
(a) part (b) busin	CCUPATION Trade, profession, or clicular kind of work.  General nature of Industry, ness, or establishment in the employed (or employer)	Bobable Struck. Ly Train on BB 411-1313.  (Duration) yrs. mos. ds.
9 B!!	10 NAME OF FATHER UNKnown	Contributory Secondary  (Doration)  (Signed)  (Signed)  (Doration)  (Doration)
11 BIRTHPLACE OF FATHER (State or country)  12 Mail 12 Mail NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
15	Alaila 11/11/2 9/19/20	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hopkins Wed, School 4-9, 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIPAL, OF HOMICHAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



UNFADING INK-THIS IS

WRITE PLAINLY.

Every item CAUSE OF important.

PHYSICIANS should state of OCCUPATION IS very

RECORD

PERMANENT

Village or

3692

County

STATE OF MARYLAND

CERTIFICATE OF DEATH t. No. 30

0		2/	1	Registration Dist
en leaton	serlle.	No Sprin	a knove	Registration Dist
VILY	•	(110)		30,

[If death occurred in a hospital or institution,

	*FULL NAME Multon Van	Glum of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR OLYDPREED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 A	Tel 22 , 1888 (Year)  GE (Month) (Day (Year)  1 day, hrs. OR min.?	that I last saw h was alive on first above, at \$30 P m  The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION ) Trade, profession, or ricular kind of work	Contributory Than (Duration) yrs mos ds Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Maryland  Ma	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (
16	(State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  224/ Madeir Gre  (Address)  15,1914 Maishall B Wrst	of deathyrsmosds. Stateyrsmosds  Where was disease contracted, If not at place of death?  Former or usual residence

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may\_be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fremun, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, ctc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origlu; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraenia," "Weakness," "Heart failnre," "Hacmorrhage," "Inauition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAULY.S.

FOR	
VED	
RESER	
ROIN	
MAM	

S. No. 1.

15

Filed 4-21

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be since that it may be properly classified. I certificate. 4 WRITE PLAINLY, WITH UNFADING INK-THIS DEATH in plain terms, so See instructions on back of of information should be N. B.—Every item CAUSE OF Important.

			DEATH	3698
ntv	Bal	te	no	re



### STATE OF MARYLAND CEDTIFICATE OF DEATH

ADDRESS

County Haltemore	CERTIFICATE OF DEATH
2 8. 0	Registration Dist. No. 8
2FULL NAME Methew 0	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Coloror RAGE Single, Married Widowed, ORDIVORCED (Write the word)	18 DATE OF DEATH 4 21 , 1914 (Month) (Day (Year)
G DATE OF BIRTH  Au  (Month)  (Day  (Year)	that I last saw h malive on afr 2/ 1914
7 AGE  4/1 yrs. 3 mos 3 ds. OR min.?	and that death occurred on the date stated above, at 3m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Pulmonery Juberculos, Prob (Ouration) 2 yrs mos ds
9 BIRTHPLACE (State or country) Bokennie  10 NAME OF FATHER Jacob Velenovsky OF FATHER (State or country) Bokennie  12 MAIDEN NAME OF MOTHER Cokherine Barch	(Signed) (Buration) yrs mos ds  (Signed) (Address) (Signed) (Address) (Addre
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?  Former or usuai residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



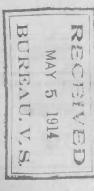


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. statement. Never return "Laborer," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head For vio-



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N.B.

1 PLACE OF DEATH

Course Battemon	CERTIFICATE OF DEATH
2	Registration Dist. No.
Village or City Posseele No. Max.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day)  (Year)	that I last saw h we alive on a feel attended deceased from 1914,
TAGE  If LESS than 1 day,hrs.  OR. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Cardiae Delaladion
(b) General nature of Industry, business, or establishment in which employed (or employer)	Gontributory Elwain neplent
9 BIRTHPLACE (State or country) May land	(Secondary) (Duration) 2 yrs. mos. ds.
10 NAME OF Heury Toh	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Margare VIcoes  13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) MS eleas Sauch	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Prossure Red	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  April 12 191 4
Filed april , 1914 Stoldanne REGISTRAR	Chas Lants - D. a. a. Pusselle
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARVI AND



### 8

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing neath, state occupation at beginning of III been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore ar essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman."

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinoscia

ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide: Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ment neoplacins); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPHBAL septichae-(name origin; "Can death), 29 ds. Never report Examples:



		should state
	RECORD	PHYSICIANS of OCCUPAT
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		E C.
7.		Z.

PLACE OF DEATH 3695  County Balto  Village or City Highlandlan (No. 342)  PULL NAME Annies	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred a hospital or lostitution give its NAME lostes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY CERTIFY, That I attended deceased from  (13)  1914  that I last saw her alive on april 12, 1914
7 AGE  56 yrs 10 mos. 3 ds. 1 day,hrs.  0Rmin.?	and that death occurred on the date stated above, at \$\frac{1}{20} \text{ M}\$  The CAUSE OF DEATH* was as follows:
6 OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)  Contributory (Secondary)  Contributory (Secondary)
10 NAME OF FATHER Unknown  11 BIRTHPLACE (STATHER (STATE OF COUNTRY)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed) 3 yrs mes ds  (Signed) 4, 131 4 (Address) 32 y 2 Easter are  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)  (Address) 34/2 E Pratt	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE/OF BURIAL CAR Lawn Com Charles, 1914
Filed Jul 101 1914 OFE McCausles REGISTERS  If more blanks are needed, address State Registration	Philip Herwig Orleans





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State, MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Callenore) Registered No. Ill death occurred la .....Ward) a hospital or institution, give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE WIDOWED, (Month) (Day) ORDIVORGED (Write the word HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF . 191 ..... (Address). 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ...... yrs. .... mos. .... State ..... yrs, \_\_\_\_ mos. ... Where was disease contracted. If not at place of death?... Former or usual residence. DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 9

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcisman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-tirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpenar septicharmus," "Old Age," "Shock," "Uracmla," "Weakness," affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure." "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for malignant neoplasms); Heasles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle." etc.), (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples:



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V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registra	
illage or City Met Hope Remost not Hope	St.;	Wa
FULL NAME ROSA WEIGE		

1 PLACE OF DEATH

County Ballinon

rd)

[if death occurred le a hospital or Institution, give its NAME Instead of sfreef and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frank While (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH NOT KNOWN	17 I HEREBY CERTIFY, That I attended deceased from 20 1914.
(Month) (Day (Year)	that I last saw her alive on the 2 9 ,1915
7 AGE  1 LESS than 1 day,	and that death occurred on the date stated above, at 1.45 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Mauis Chronie
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ourafion) 36 yrs. 0 mos. 0 ds.
9 BIRTHPLACE (State or country) Md	Contributory Paralysi, - Secondary  (Ouration) 2 yrs 6 mos ds
10 NAME OF FATHER Hulliony Wrise 11 BIRTHPLACE	(Signed) Frank J. Lancery, M. D. Afril 30, 1914 (Address) We Stone
12 MAIDEN NAME OF MOTHER MAIDEN NAME OF MOTHER MAIDEN NAME OF MOTHER MAIDEN Placed	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Acquires.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place
OF MOTHER (State or country) / all worn  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death Syrs. O mos. O ds. State 62 yrs. O mos. O ds. Where was disease contracted, Ballowon Mad
(Informant) Records of Met Hope Repring	Former or usual residence 13 allumon Med
(Address) MA Dume -	Ballow on May 1st 1914
Filed Af 30, 1914 Frank Flammery FEGISTRAP	20 UNDERTAKER ADDRESS Slewars & Mowen Bulhunon
. If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement.- Never it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU, V.S.

(Address) ... Lussa

### RECORD PERMANENT UNFADING

PHYSICIANS classified. properly pe ilddns certificate. ō back terms, pinoy LO plain Instructions \_ DEATH 0 Item Important. Every It .

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR ON RACE S SINGLE. 16 DATE OF DEATH MARRIED Married (Month) ORDIVORCEO I HEREBY CERTIFY, That I sttended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at ..... t day brs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER 11 BIRTHPLACE .. 191 4 (Addrass) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ yrs, \_\_\_ mos. \_ Where was disaasa contracted. If not at place of death?-Former or usual-residence. 19 PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRA

20 UNDERTAKER

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," udquallfied, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIPAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerreral septichaeidus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (discase causing death), 29 ds.; affection need not be stated upless important. etc. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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OF OCCUPATION IS VERY RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS AGE carefully supplied. that it may be See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH

3699

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 30				
Village or City Grays' (No. St.; Ward)  2FULL NAME William Welsh [If death occurred in a hospital or institution, give its NAME instead of street and number.]					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male White (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)				
Month (Month) (Day (Year)	that I last saw him allow on which 30 1914				
TAGE    If LESS than 1 day,hrs.	and that death occurred on the date stated above, at m  The CAUSE OF DEATH* was as follows:  Old age artire Johnsons  Retention of them from Cularyol  frontate gland  (Buration) / yrs mos ds  Contributory (Buration) yrs mos ds				
11 BIRTHPLACE OF FATHER (State or country) Greland  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country) Feland  13 BIRTHPLACE OF MOTHER  (State or country) Feland	(Signed) Marshall Bloost, M. D.  Marshall Bloost, M. D.  *Retate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place In the				
(Interment) State of Country)  (Interment) State to the Best of My Knowledge  (Interment) State the Welsh  (Address) State the We	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Bonnie Bras lenetry May 4, 191 4.				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie merc symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Wcakness," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU. V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT  -Every item of information should be carefully supplied. AGE should be stated EXACTLY.  GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
1

PHYSICIANS should state of OCCUPATION Is very

RECORD

Village or City Wouklow

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	NO. M. Car
St.;Ward)	[If death occurred li a hospital or Institution give its NAME Instead
<b>*</b> _	of street and number.]

Catherine, Werner

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX, 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORDIVORCEO (Write the word) WAINEL	18 DATE OF DEATH  (Month)  (Day)  (Year)  17 Out at a strength of the company of
(Month) (Day) (Year)  7 AGE It LESS than	that I last saw her alive on 45 ril 20, 1914,
34 yrs. 3 mos. 27 ds. 1 day,hrs. ORmin.?  **OCCUPATION* (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows:  Cough that the Cause of Death * was as follows:  The CAUSE OF DEATH * was as follows:  Cough that the Cause of Cause o
9 BIRTHPLACE (State or country)  10 NAME OF Christopher Viaber  11 BIRTHPLACE OF FATHER (State or country)  22 Maiden NAME OF Country)  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Signed) (Duration) yrs mos ds.  (Signed) (Signed) (Address) (Duration) yrs mos ds.  (Signed) (Signed) (Signed) yrs mos ds.  (Signed) (Duration) yrs mos ds.  (Signed) (Duration) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Address) 1914 AND REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BUBIAL OR BEMOVAL  Abelia 23, 1914  20 UNDERTAKER  DEED A HOWARD  ADDRESS  DEED A HOWARD

V. B. No. 1.

N. B.

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B .- Every item of information should be

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

### STATE OF MARYLAND

County Balto	CERTIFICATE OF DEATH
Village or City Carlos (No. 4720) 2FULL NAME Who	Registration Dist. No.  [If death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MODE WIND WORD  5 DATE OF BIRTH  Cofil 4, 1944  (Month) (Day (Year)  7 AGE  Lived a few hrs day hrs.  yrs mos 6s or min.?	16 DATE OF DEATH  (Month) (Day (Year)  17  I HEREBY GERTIFY, That I attended deceased from 1914, to 1914, to 1914, to 1914, to 1914, that I last saw has alive on 1914, that I last saw has alive on 1914, the saw that death occurred on the date stated above, at 7 m. The GAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  ANNUAL CANNOL	*State the DISEASE CAUSING DEATH, or, in doubts from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or
(Address) 4720 124 avala	19 PLACE OF BURIAL OR REMOVAL  Mh Carmel  20 UNDERTAKER  ADDRESS

2008 Poleano SA If more blanks are needed, address State Registraf, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



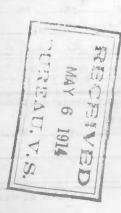


[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUCCIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



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### state PHYSICIANS should of OCCUPATION is RECORD PERMANENT classified. INK-THIS properly pe UNFADING may 20 WITH plain of information DEATH in pial WRITE Item OF

certificate. of back Instructions Important. Every Ite

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44 Ilf death occurred in ......Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. Where was disease contracted. If not at place of death?----Former or usual residence.

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER Matonucal

ADDRESS





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ample: Measles dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; For vio-



CCUPATION IS RECORD PERMANENT certifica 0 bac Instructions WRITE OF mportant. ш CAUSI

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St :----Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day .....hrs. The CAUSE OF DEATH\* was as lollows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) ..... vrs. // mos ds. which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE PARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... vrs. Where was disease confracfed. 14 THE ABOVE IS If not at place of death? Former or (Intermant). usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER Fled Cyssel 23 1918 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as tlou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISFASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise-specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, upplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," As examples: "Foreman," (4)

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nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanitlon," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for



	PLACE OF DEATH	CIP. 3	STATE OF MAR	YLAND
Co	unty 10 allo		CERTIFICATE OF	DEATH
00			Registration Dist.	No 3 3
		no no	Registration Dist.	NO
Vil	lage or City Resolvestor (No.	4n4	St.;Ward)	[it death occurred in
				a hospital or Institution,
	FULL NAME Madia . E.	wilson		of street and number.]
	FULL NAME	wesos	<b>1</b>	0+
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
3 s	EX. 4 COLOR OR RACE 5 SINGLE, MARRIED, ALECT A	16 DATE OF D	EATH .	
A	WIOOWEO.	- /	(Month)	(Day (Year)
4	male Colored (Write the word)	17	HEREBY CERTIFY, That I	
e D	ATE OF BIRTH	5164	Latt 1911 to Class	1/4/ 1914
	Cel 10, 189		7 0	4.1-1
7 A	(Month) (Day (Year)		- Copin	1.3
^	It LESS that I day,hrs	und that death	occurred on the date stated a	bove, at 3.4 m.
			DEATH* was as follows:	
	CCUPATION	- 4		12
(a	Trade, profession, or House works		money a	a Hour
(b)	General nature of industry.		***************************************	B
bus	illness, or establishment in		(Duration)	yrs. V mos / Ots.
	ich employed (or employer)	Contributor		
В	(State or country) Balls Ca Mal	Secondary	y	********************************
	10 NAME OF	-	(Duration)	yrsmosds.
	FATHER SALES OF SALES	(Signed)	Frugale Mil	Men Tellan
S	11 BIRTHPLACE	6/1/18	101 (/ (Addross)	7-7-2
Z	OF FATHER (State or country) Agett		Thomas (Address)	and the first good to the state of the state of
ARENTS	12 MAIDEN NAME	- CAUSES, state	DISEASE CAUSING DEATH, or, it (1) MEANS OF INJURY; and or HOMICINAL.	(2) whether Acciden-
PA	OF MOTHER CORRES Shalls			
	13 BIRTHPLACE	OIL HEGELT II		ISTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country) Cannoll Co. MO	At place ot death yrs.	mos ds. State	yrs ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease	contracted.	/10,
	9	Former or	eath?	00000000000000000000000000000000000000
	(Informant) aly willow	usual residence		2020010===0=0=0000000
	(Address) Plustuster ma	19 PYACE OF B	URIAL OR REMOVAL	DATE OF BURIAL
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File	of Jo. 5 194 FM Dluck	20 UNGERTAK		DORESS
1 411	REGISTRAR	11 /	Elino	dans I
1	If more blanks are needed, address State Reg	istrar, OE. Franklir	St., Bulto., Requesting V. S. N	10.1. In Morn
-				////

PA 17





[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Womeu at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many For many occupatious a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The

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nant neoplasms); Measles; Whooping cough; Chronie mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



RECEIVED

MAY 5 1914

BUREAU, Y. S.

PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A

N. B.

PLACE OF DEATH	3705
county Balto .	oo saad
Village or City Lunar	illo "



### STATE OF MARYLAND

County Balto	CERTIFICATE OF DEATH
	Registration Dist. No. 38
	Constitution   Ward   If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Www. 7. of 7	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White. Single, MARRIED Migle Wildowski Wildowski Description (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h in alive on apr 25 , 1914,
7 AGE If LESS than 1 day, hrs. OR mos. 15 ds. OR min.?	and that death occurred on the date stated above, at # a.m., The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, er particular kind of work	Whenwalson
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE	Gontributory Ecclo Carelity
(State or country) Salta Med	(Secondary) yrs 2 mos ds.
M 11 BIRTHPLACE WILLIAMS	(Signed) Diere Cymu Hittle, M. D. Opr 28, 191 (Address) D. East Mikeyeller
State or country) McC  W 12 MAIDEN NAME OF MOTHER  OT MOTHER  OF M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) . Wed.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Aucunda & Museule)	Where was disease contracted, If not at place of death?
(Address) Jamarelle. Heg	Loudenfacto Date of Burial
Filed 4/29 1914 Claud Amend	2 UNDERTAKER ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpeeal scptichacmus," "Old Age," "Sbock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mails The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Important. See instructions on back of certificate.

PERMANENT RECORD

UNFADING INK-THIS

PLAINLY, WITH

WRITE

1 PLACE OF DEATH	STATE OF MAR	YLAND
County Bells To. ned.	CERTIFICATE OF	DEATH
County	Registration Dist.	No. 40
Village or City Low Meen (No		[if death occurred in
Village of City Village (No,	St.;Ward)	a hospital or institution,
My Geller		of street and number.]
FULL NAME	1	•
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX . 3 4 COLOR OR RAGE SSINGLE, MARRIED, hurried	16 DATE OF DEATH Paul 18	. 1914
male While word, ORDIVORGED (Write the word)	(Month)	(Day (Year)
6 DATE OF BIRTH P	17 I HEREBY CERTIFY, That I	
The 16th 1870	aprix 5 , 1914 , to aprix	191H.
(Month) (Day (Year)	that I last saw him allve on afraid	19
7 AGE If LESS than	and that desth occurred on the date stated a	bove, at 9 a m
## yrs 2 mos 2 ds.   1 day,hrs.   OR min.?	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or	acute nethralis	
particular kind of work  (b) General nature of industry,		
business, or establishment in which employed (or employer)	00 0	yrs mos 2d ds.
9 BIATHPLACE (State or country)	Contributory Chruce Conservation	lord of
10 NAME OF	We beader (Duration) 5	yrsds
FATHER Ywellerie	(Signed)	ceen, N. D.
O 11 BIRTHPLACE OF FATHER	Opral 19, 1914 (Address)	Cingy July
11 BIRTHPLACE OF FATHER (State or country) Belli, Co. Med.  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and	in deaths from VioLent
of Mother Device & Gullings	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	, manufacture,
(State or country) Wells Co. Mid	of death yrs mos ds. State	yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	No. of the last of
(Informant) MEOU FELLOW	Former or usual residence	Ç.
(Address) Letter Pr. nel.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 114	Trivities Com Long Grewnd, A	Ywil 20 1914
Filed april 18,1914 S. T. H. Joseph	20 UNO RTAKER	ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1/

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. WIDDWED. (Month) ORDIVORCED (Write the word) DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated above, at 10 30 Am. 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory (State or country) 10 NAME OF FATHER PARENTS OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the ot death ...... yrs. ..... mos. ..... ds. State ...... yrs, \_\_\_\_ ds Where was disease contracted, If not at place of death? 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of (Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

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N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.

WRITE PLAINLY, WITH

V. S. No. 1.

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2700



### STATE OF MARYLAND

Co	ounty Balton	CERTIFICATE OF DEATH
	or	Registration Dist. No.
Vil	101	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Ugnes Journ	1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH
6 D	Max 30 , 1829 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  LAME 20, 1914, to Africa 16, 1914,  that I last saw held alive on Africa 3, 1914
7 A	GE  Significant Si	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a pa (b)	CCUPATION  1) Trade, profession, or   Articular kind of work  1) General nature of Industry,	Paralysis
Wh	siness, or establishment in alch employed (or employer)  IRTHPLACE (State or country)	Contributory Clof and Brands.
LS .	10 NAME OF Joseph Haltenuper  11 BIRTHPLACE	(Signed) (Duration) yrs mos 3 ds.  (Signed) Again M. D.  M. D.
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
а.	13 BIRTHPLACE OF MOTHER (State or country) York Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds
14 -	(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address). Forceland mid	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL CAprill 8, 191 4
		20 UNDERTAKED

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: applies to each and every person, irrespective of agc. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmerc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yes important. See instructions on back of certificate.
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1 PLACE OF DEATH

(91)

### STATE OF MARYLAND CERTIFICATE OF DEATH

	E. 71E	ltimore Co. Mt.Washir		Registered No. [If death occurred in
V			Roy Allen Young	St; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SE N		4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, ORDIVORCED' (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 / I HEREBY CERTIFY, That, I attended deceased from
Mar. 2 , 914		,	april 18, 1914, to April 11 1914, that I last saw h im alive on April 11, 1914	
If LESS than   t day,			9 t day,hrs.	and that death occurred on the date stated above, at 10, 300 m, The CAUSE OF DEATH* was a collows:
(a) par (b) busing whice	General nature on ness, or establ	orkt industry, Ishment in employer)		(Duration) yrs. mos. 2 ds.  Contributory (Secondary) (Suration) (S
	10 NAME OF FATHER Fred. Young		ing	(Signed) AS Social Colors M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Baltimore Co.		nore Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	of Mother Martha Imhoff		Imhoff	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Baltimore Co.			at place In the of death yrs mos ds. State yrs mos ds.
		red Young	T OF MY KNOWLEDGE	Where was disaase contracted, If not at place of death?  Former or usual residenca.
i 6	(Address)	12,191 4 M	Mt. Washington	St. Mary, s Hampden Apr. I3 1914  20 UNDERTAKER  A. SMarshall 3539 Falls Road

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmine, etc. statement. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Flarmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciature of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for cbiidbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Meastes (disease causing death), 29 de.; thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mailg. ona. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

V. S. No. 1.

RD	CUPATION IS VETY
RECO	PHYSIC of OC
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	N. B.—Ever CAU Impe

13 STATE OF MARYLAND

1 PLACE OF DEATH 3717	STATE OF MARYLAND
County Baltimare	CERTIFICATE OF DEATH
County	Registration Dist. No. 30
Village or City athol Heigh (No.	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME tredericka	Jumeru as
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Teuch Whit Single, Married, Widoweth, ORONORCED (Write the word)	16 DATE OF DEATH Of 26 ,191.4 (Month) (Day (Year)
DATE OF BIRTH M	17 I HEREBY CERTIFY, That I attended deceased from
March 13, 1841 (Month) (Day (Year)	that I last saw how allve on Puil 26, 1914
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 10 7 m
7 3 yrs ds.   1 day, nrs.   or min. ?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	Varalys: 49 tous
particular kind of work	
(b) General nature of industry, business, or establishment in	(Ooration) yrs mos os
which employed (or employer)	Contributory and age
(State or country) Germany	Secondary
10 NAME OF FATHER & A Mico Do	(Signed) To amar & W Jawa, M. D.
O) 11 BIRTHPLACE OF FATHER	Uful 26, 191 4 (Address) Devery law.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-
of Mother Cheritais Transla	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Mes Che lane Juniverman	Former or usual residence
(Address) Frederick an	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 28 1914 marsfall B West	20 UNDERTAKER DELLESS 1914
REGISTRAR	4. D. Willett Hed I'm

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dattes of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerferal septiehaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Naras-"Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease canslug death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. "Coutributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," ctc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



### MARGIN

PHYSICIANS should state RECORD Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS WRITE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vii	iage or City Brooks Hilling.	St.; Ward) [If death occurred in a hospital or institution,
	FULL NAME Sopie Yu	chowska give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 J	emale white Single, Marrieo, Widowe Demale White Marrieo, Widowe Demale White the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 4.
	(Month) (Day (Year)	that I last saw h. M. allve on
7 A	55 yrs 6 mos ds.   If LESS than 1 day,hrs.	and that death occurred on the date stated above, at / / m, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or Housework ricular kind of work.	as thma
bus	General nature of industry, incss, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Contributory Plan Jailine ds. Secondary
	10 NAME OF LON'T KENDW	(Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, O, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PA	OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) # #	At place in the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)		Where was disease contracted, If not at place of death? Former or usual residence
16 FII	ed apr. 13, 1914 W.E. McClanahan	19PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LANGE 191 ADDRESS  20 UNDERTAKER  ADDRESS
	Pregistrina R	MIT And MIN by 405 of 11.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman,"

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